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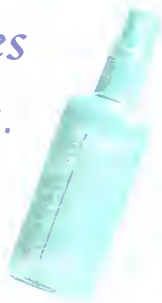
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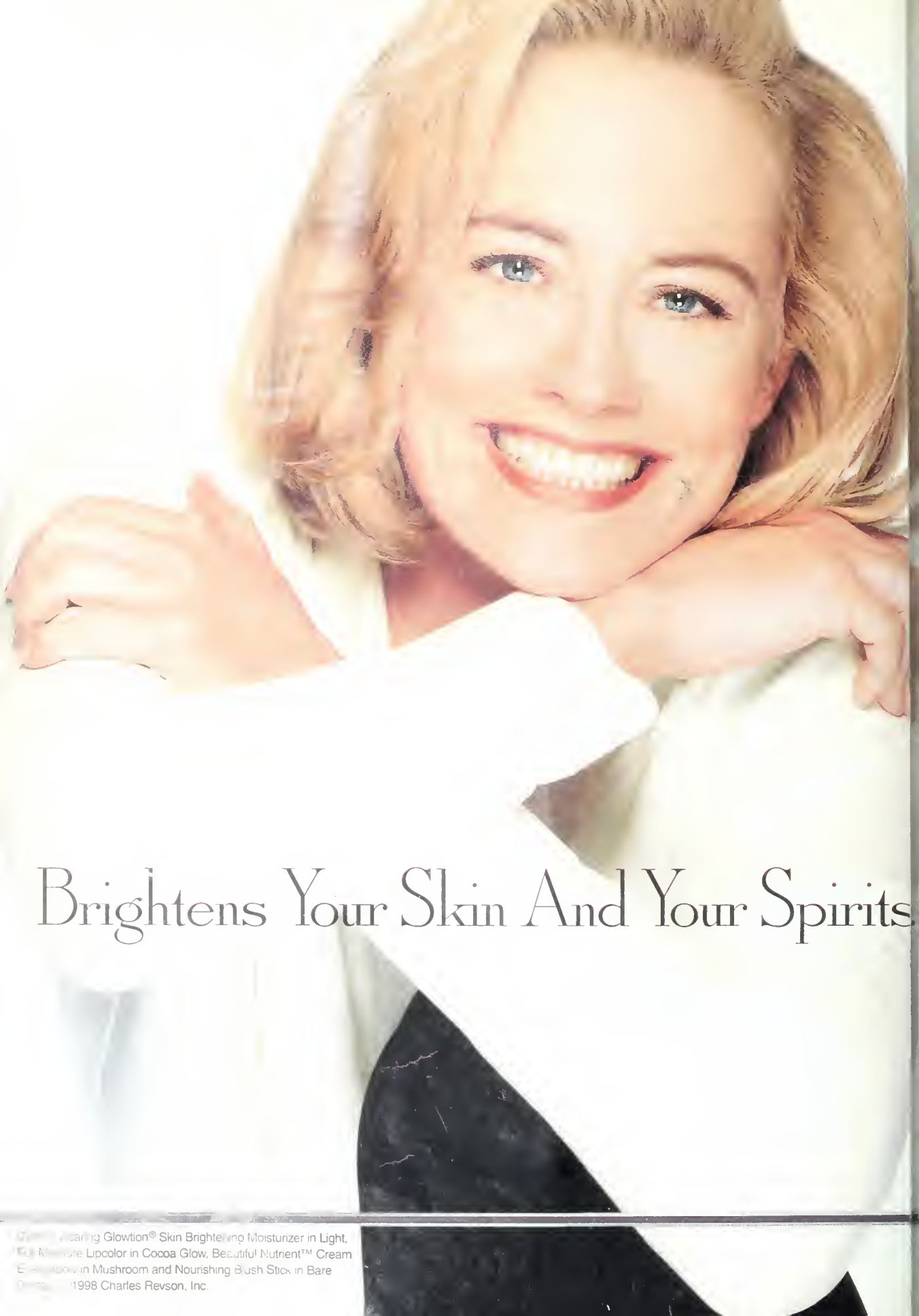
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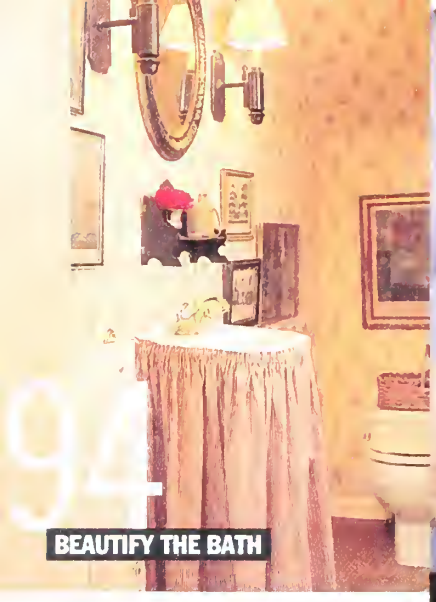
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LADIES' HOME
JOURNAL

January 1999

on the cover

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DON'T MISS OUR TV SPECIAL *"Ladies' Home Journal*'s Most Fascinating Women" on CBS, Monday, December 28, at 10 P.M. E.T./9 P.M. C.T., sponsored by CLAIROL. You'll get up close and personal with your favorites and share the inspiring stories of the women who have made 1998 an unforgettable year.



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LHJ on TV



Ladies' Home Journal is once again starring in prime time. This year, "*Ladies' Home Journal*'s Most Fascinating Women of the Year" special will air on CBS, Monday, December 28, at 10 P.M., E.T./9 P.M., C.T. Sponsored by our friends at CLAIROL, the program celebrates the year's most noteworthy and accomplished women. *Ladies' Home Journal*'s first two specials were highly rated and highly praised for being both entertaining and touching. I think this year's star-studded show, which includes superstar Whoopi Goldberg, Country Music Award winner Trisha Yearwood and flamboyant Drew Barrymore, is even better. There are also revealing interviews that I know you'll want to see with Congresswoman Mary Bono and England's Sarah Ferguson, who each had a year touched by tragedy and triumph.

We're also pleased that Mary Hart is back with us as the host of the special. I got to know Mary last year when she hosted our show and found her to be wonderfully professional, enthusiastic and charming. Catching up with Mary, I learned that this has been a terrific year for her, too. It is her seventeenth season on *Entertainment Tonight*, and last fall she was honored by her peers with the Silver Satellite Award from American Women in Radio and Television. She also has just played herself on an episode of *Sabrina, The Teenage Witch*. "But the most fun I've had," she told me, "was playing Loosey Goosey on an upcoming segment of the HBO series *Happily Ever After*, which retells fairy tales in an offbeat way." She says her seven-year-old son is really going to love her performance.

Another memorable moment for Mary was covering the Emmy Awards. She recalls, "I was backstage when Camryn Manheim appeared after receiving her award. It was such a high for her. It was just thrilling." Well, Camryn's on our special, too, with Mary and a lot of surprise guests. It is a terrific show. So be sure you tune in, and enjoy!

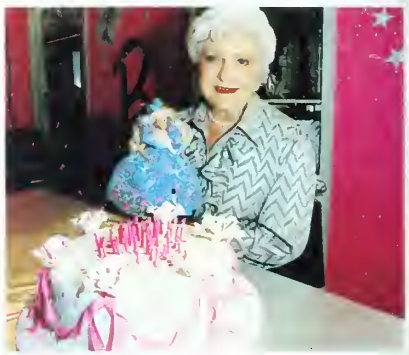
MYRNA BLYTH
Editor-in-Chief





Going prime-time with LHJ (clockwise from top left): Mary Hart, Trisha Yearwood and Whoopi Goldberg

100 Most Important WOMEN



HAPPY BIRTHDAY, BARBIE

Ruth Handler
1916–

In 1959, California entrepreneur Ruth Handler created the plastic doll that revolutionized the toy market. Watching her daughter, Barbara, play with paper dolls, Handler—co-founder in 1945 with her husband, Elliot, of the company that became Mattel—became convinced that girls used dolls to act out future roles. Barbara preferred the teenager or career-woman cutouts to babies or children. "When I conceived Barbie," Handler wrote in her 1995 autobiography, *Dream Doll*, "I believed it was important to a little girl's self-esteem to play with a doll that had breasts." (Many critics argue the opposite.)

Named after Barbara and loosely based on Lilli, a racy German comic-book character, Barbie debuted at the 1959 toy fair in New York City. By summer, she was at the top of every American girl's wish list.

Four decades later, the Barbie doll—with her extraordinary measurements recently resized more realistically—is available in 150 countries and sells at the rate of two dolls per second. The entire Barbie line, including dolls, clothes and accessories, rakes in $1.9 billion a year. Perhaps most astonishing: A typical American girl between ages three and eleven owns ten Barbies.


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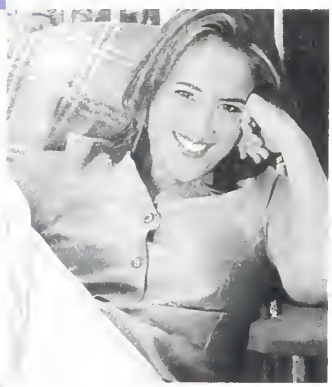


Santé D'Orazio

This New York photographer sure knows his way around celebrities. In his many years as a successful photographer, D'Orazio has had the chance to shoot most of our favorites. The results of his recent LHJ shoot with Julia Roberts and Susan Sarandon appear on the cover and on page 102.

Katie Brown

Always on the lookout for affordable, charming home pieces, decorating expert Brown found a great way to add style and character to a kitchen. "Substituting the old for the new makes a house a home," she says. She displays her special touch in "Home News" on page 94.





Jeannie Ralston

"Believing you're lucky can give you an edge," says freelance writer Ralston, who also thinks that talking too much about good fortune is tempting fate. Her article, "What's Luck Got to Do With It?" (page 44), explores our collective fascination with this unpredictable force.

Liselotte Watkins

Her illustrations accompany "100 Things to Do Before the Millennium" (page 114), but for Watkins, end-of-the-century fever hasn't hit yet. Still, "It's starting to dawn on me what a big thing this is," says the native of Stockholm, Sweden, who is beginning to think about her plans for New Year's Eve 1999.





Linda Marsa

After covering stories about women's health for years, medical and science writer Marsa says it was "eye-opening to realize how much men neglect their health." Her women's guide to men's well-being, "My Husband Won't Go to the Doctor," begins on page 78.

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JOURNAL

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"He Can't Control His Anger"

Tim thought he was an in-charge guy, but the bruise on Joanna's cheek showed he needed to get a grip

By Jane Marks

JOANNA'S TURN

Tim insists he never laid a hand on me, but look," said Joanna, thirty-nine, pointing to a purple bruise on her cheek. "It's true, he didn't hit me, but he pushed me so hard I slipped and hit my face against the sink. Tim got up for work and found the car soaking wet inside. His eighteen-year-old daughter, who'd driven it, forgot to close the window, and it rained all night long. He thinks I set a bad example, and after arguing back and forth for a few minutes, he gave me a shove. He apologized, and I know he means it. But how can I be sure it won't happen again? I'm just lucky it's vacation time now, so the second-graders I teach won't see my black eye.

"We met twelve years ago. Tim was thirty-three and a widower; I was his daughter Sydney's teacher. At seven, Sydney was verbal and mature, and very close to her dad. He was lonely and seemed to appreciate all my suggestions for things to do with Sydney. We started going out; he took me to nice places, and even gave me silver earrings. I'd never felt so well cared for! My dad died when I was a baby, and though I knew my mom loved me, she was too depressed to show it. I worked to put myself through college; I always hoped I'd get married, but all the men I met were commitment-phobes except Tim, who proposed after only three months.

"I was thrilled. Neither of us had living parents to share our good news with, but Sydney felt secure enough to welcome me into their home and their lives. That made me so happy, especially since a childhood illness had left me unable to have children of my own.

"But living with Tim turned out to be harder than I'd imagined. An auditor for the IRS, he brought a lot of job tension home with him; it sometimes took him half the evening and a couple of drinks to unwind. When he was uptight, he'd call me stupid. Then I'd cry, and he'd apologize. I always forgave him.

"Even Sydney noticed his grouchiness—which was always directed at me—and scolded him, which helped. One day, about eight months after we were married, he woke up with a hangover and couldn't find his blue shirt. I offered to look, but he waved me away, and started lecturing me about efficiency. Then he yanked a drawer out, spilling everything all over the floor. 'Are you crazy?' I said, and he slapped my face. I burst into tears. He was as shaken as I was. 'I'll never hurt you again,' he swore. He even vowed to quit drinking, and he kept both promises.

"After that, we pretty much avoided conflict *(continued on page 20)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple dealing with violence, is based on interviews with clients and information from the files of Marjorie A. Slavin, M.S.W., a family therapist in Riverdale, New York, with expertise in treating domestic abuse. The story told here is true, although names and other details have been changed to conceal identities.

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continued from page 16

of any kind. When he was in a bad mood, he kept to himself. Even vacations were a trial. When Sydney, a real delight for both of us, got older and went off to summer camp, Tim and I started taking long driving trips, which I hate. He insists on driving, though he gets incredibly uptight in traffic. And then when we stop and get out, he strides ahead of me, making me run to keep up.

"That's how things were until a few months ago, when Sydney started her senior year. Tim's more upset about her leaving than he'll admit, and he's been extremely tense and irritable, criticizing me for everything from a high electric bill to the way I pronounce the word settee. Sydney finally told him to lighten up, and he apologized. He said that we just needed to get away, and he planned a long weekend with friends in Las Vegas. But as usual, it was disappointing. One night, we went to a club that had a trivia contest. When they asked what year Elvis was born, Tim gave me the answer. But one of our friends heard and ran up to get the prize, a stuffed animal. Later, in our room, Tim called me stupid and yelled. He was so angry—way out of proportion to the incident.

"I was afraid he would hit me, but he just left the room, then ignored me for three days. Three weeks after that was the incident with the rain-soaked car. Worse than the pain is the knowledge that Tim's anger is still there, just waiting. I'm really scared."

TIM'S TURN

Joanna has every right to throw me out," said Tim, an intense-looking man of forty-five. "I know I need to get a handle on my anger. I just hope it's not too late, because I really need her.

"I liked everything about Jo when I met her. She was smart, sweet, shy and petite, like my first wife. I wanted to protect her. We clicked right away, and my daughter adored her.

"That first year, we had our share of adjustment problems. I was under pressure at work, and little things would make me fly off the handle, especially when Joanna provoked me by not doing things the way I asked her to. When I was growing up, my dad was the boss and my mom respected that.

> Control was the basic issue. Tim thought he was king of his home; that didn't leave much for Joanna

"I went too far with Jo; there's no question about it. When we were first married, I slapped her once, which my dad never did to my mom. I felt so rotten, I swore off drinking. That seemed to keep my anger under control. Sure, I get mad when Jo gets into her I'm-so-superior mode. Then I have to get away from her. I know how unhappy that makes her, but it's what I have to do to keep a lid on my anger.

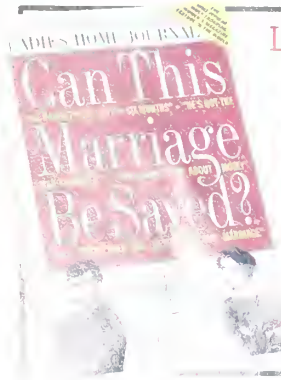
"Joanna is so caring and kind. She used to tell me how her mom would give her the silent treatment, and I'd say, 'How could she do that to you?' But I was doing something even worse. Things just set me off—like that trivia contest, when I really wanted her to get the prize, but she didn't move fast enough.

"But I really went nuts when the car got soaked. Joanna sets a bad example for Sydney, and I thought, how the heck will this girl survive away from home when her role model doesn't have any common sense? I said maybe it's not so bad that we didn't have more children. She yelled back at me, and I got furious. I just lost it. I love Joanna and I feel sick when I look at that bruise on her face! How far would I have gone if Sydney hadn't been there? I want to make sure it never happens again."

THE COUNSELOR'S TURN

I made it very clear in the first session that no further violence would be tolerated," said the counselor. "The moment Tim felt his anger slipping out of control, he had to go to another room, or leave the house and phone me immediately.

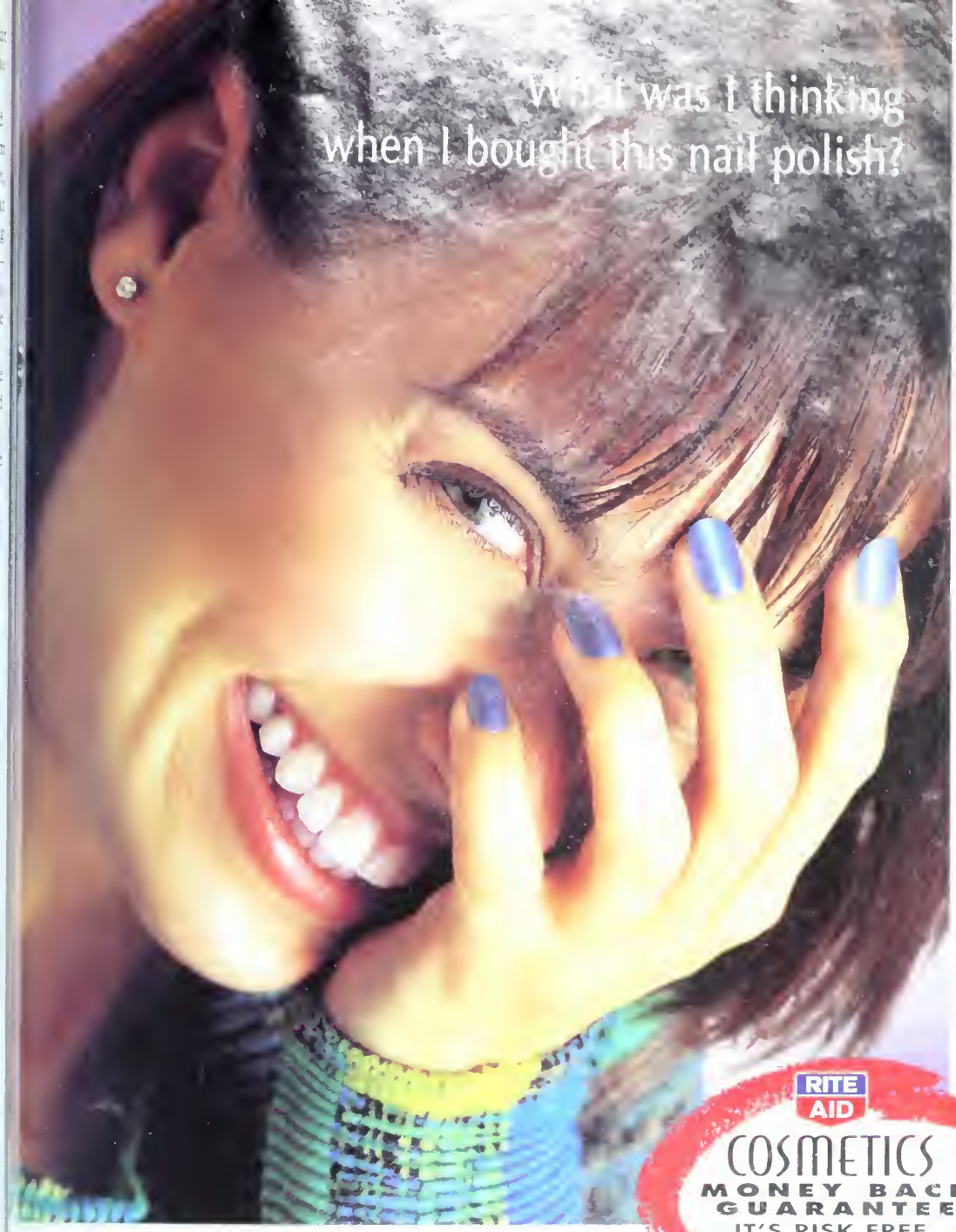
"Because physical violence was involved, I spoke to Joanna alone to make sure she felt safe talking to me about Tim, that she would not fear retribution. After a detailed assessment, I decided that it would be safe to treat them together, for several reasons. First, most of Tim's abuse had been nonphysical. From his parents, he had a notion of male privilege, that he was head of the household and had to be obeyed. His attitude was clearly something we needed to work on, but it did not suggest immediate physical danger to Joanna. I was also impressed by the fact that Tim initiated treatment and took responsibility for his violence, instead of claiming that Jo had *(continued)*



LHJ BOOK BAG

Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome their problems. The 352-page softcover book is offered by a special arrangement with Workman Publishing.

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asked for it. Also, neither Tim nor Joanna had come from an abusive home, another important factor in successful treatment.

"Still, we needed to set up a safety plan. Whenever Joanna felt Tim was losing control, she was to leave the room—or even the house—and phone home in an hour, returning only when they both felt it was safe. But the main safety valve, I told this couple, was the fact that they'd admitted the problem and sought help.

"The basic issue in this marriage was one of power and control. When I asked them for an image to describe their relationship, Joanna said, 'He thinks he's the king.' Tim said, 'I am the king in our home.' Joanna sighed, 'So where does that leave me?' Tim replied, 'Why, you're my helper.' When I asked if they were satisfied with this arrangement, Tim said, 'Sure.' Joanna said nothing. I explained that we needed to find a style that felt comfortable for both partners.

"To encourage Joanna to talk, at one session I asked them to re-enact a fight. Tim began to scold Joanna about her messy writing. She said it was none of his business. He insisted he was just trying to help. I stopped them there to discuss with Tim how this kind of control bothered Joanna. Sheepishly, Tim said that he'd never finished college and felt small beside his wife, who had a master's degree. Tim honestly didn't know that it was inappropriate for a husband to assume such an authoritarian stance, and he hadn't realized how his self-righteous attitude had irritated Joanna. She'd felt that her only [illegible] was to insult him, [illegible] him.

[illegible] told Tim how much his [illegible] power was [illegible] him, how much more loving and satisfying a relationship he and Joanna could have as equals. Tim seemed shaken, but impressed. They agreed that they wanted to be equal partners. Then I told Tim that he had to stop correcting Joanna and harping on her carelessness. Most of all, he had to learn to tolerate frustration and anger. This didn't mean



Joanna and Tim learned how small changes can dramatically shift the balance of power

repressing it: I encouraged him to keep a journal of his feelings. He was to write down each time he was angry, rate his anger on a scale of one to ten, then bring in his notes to share each week.

"I was delighted when Joanna asked to keep a list of her own. 'I know it sounds silly, but it bugs me when he walks ahead of me,' she began, working up to, 'I hate it when he calls me stupid.'

"Through this candid reporting, Tim revealed that he was tired of managing family finances, and Joanna admitted she'd always been intimidated by computers. She agreed to take a two-day course and gradually became proficient enough to share that responsibility. In keeping his 'frustration-journal,' Tim realized that he felt unappreciated. When he told Joanna, she began to thank him; realizing how good it made him feel, he began doing the same for her. Both of them signed an agreement that there would be no more name-calling.

"As Joanna became more forthcoming, she admitted that she'd never enjoyed their vacations because Tim had always decided where they would go. This surprised Tim, who had thought that by planning everything, he was taking care of her. For their next vacation, the couple agreed to discuss both Joanna's and Tim's ideas, and do the final planning together.

"After several weeks of treatment, a turning point occurred for Tim. Something in the wash had tinted Tim's underwear pink, and he launched into the old 'common-sense' routine with Joanna, when suddenly, he realized he was losing control. He stopped himself and Joanna thanked him. It was at that moment that Tim realized that it was possible to feel like a man without claiming absolute power.

"This couple learned how small changes can dramatically shift the balance of power. What's more, in taking joint responsibility for their relationship, they no longer needed Sydney as their peacemaker. Though Tim and Jo felt a sense of loss at Sydney's leaving, they are learning to enjoy the privacy, and with it, a newfound intimacy.

"A marriage that has been abusive must always be considered 'recovering,' as opposed to 'cured.' There's no such thing as a mild case of abuse. Tim and Joanna understand, but at the same time, they are enjoying their new relationship, one day at a time." ●

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GOING GLOSSY

Lip gloss is back in a big new way. Gone are the goopy, translucent-color formulas we wore as teens; today's glosses are lightweight yet bursting with opaque color and shine. They give your lips the coverage and wear of a lipstick with the high shine that made gloss popular in the first place. So slick on a coat of Maybelline Lip Polish, L'Oréal Rouge Pulp, Lancôme Lip Brio, Christian Dior Diorific Plastic Shine or Mary Kay Shine Inkwell.

WINTER HAIR REPAIR

Constantly going back and forth between indoor heat and outdoor cold can wreak havoc with your hair. If your locks have already hit a dead end, these new products can help restore moisture and eliminate flyaways.

1. Start with a shampoo that's labeled moisturizing, hydrating or smoothing, like Wella Liquid Hair Moisturizing Shampoo. 2. A light—but rich—daily conditioner with botanicals and vitamins, such as Clairol Herbal Essences Leave-In Conditioner, keeps hair hydrated all day long. 3. A light styling cream applied to wet or dry hair adds moisture and controls flyaways. Try: Bumble + bumble Grooming Creme. 4. Spritz on a grease-free shine enhancer, like Smooth 'n Shine Ultra Light Hair Polisher. 5. Flexible-hold hairspray, like Finesse Touchables Shaping Spray, controls static without feeling sticky.

Teaming up to fight flyaways and restore shine



Refresher Course



New, mild exfoliators buff skin without irritating

If you thought cleansing scrubs and exfoliators were too harsh for your skin, it's time to reconsider. Gentler than sloughers of the past, new formulas pair beta-hydroxy acids and salicylic acid (both remove flakes and reveal fresher-looking skin) with skin soothers like vitamin E, to make them suitable for sensitive skin or frequent use. From left: Dermalogica Gentle Cream Exfoliant, Freeman Facial Gel Exfoliator, Bioré Mild Daily Cleansing Scrub, Prescriptives Purifying Scrub, Ultima II Vital Radiance Skin Renewing Exfoliator.

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here are 10 MILLION thousand things
e have to do every day. Then we still
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SALON SMARTS

Your hairdresser cut one-inch bangs when you wanted them long enough to hit your brow, or she snipped in layers when you asked for a blunt trim. How to handle such hairy situations? Charles Ifergan, of the Charles Ifergan Salons in the Chicago area, says the best way to prevent your stylist from misinterpreting your instructions is to bring a picture showing the style. But if you think there is a problem even halfway through the haircut, don't wait for total damage to be done. Ask for the owner or artistic director to intervene rather than argue with the stylist. A reputable salon should offer to redo your hairdo right then or give you free services on your next visit.

Move of the Month



This exercise, from *Workout on the Go* by Karen W. Bressler with fitness pro Art Clyde (Andrews McMeel Publishing, 1998), targets three trouble spots—glutes, hamstrings and quads. (1) Start in a standing position. (2) Slowly bend knees into a crouch until hands can be placed firmly on the floor. (3) Jump back and extend feet into a pushup position. Keep head up; elbows bent slightly. Jump back into bent-knee position and slowly stand. Do 3 sets of 15, 3 to 4 times a week.

CONSULT YOUR DOCTOR BEFORE BEGINNING THIS OR ANY EXERCISE PROGRAM

SPONGE-WORTHY



Water-based compact foundations glide on cool and wet, but dry to a natural finish

Water-based compact foundations are a terrific combination of form and function, but there are a few things to know to get the best results. 1. Use the sponge applicator included with the compact for the smoothest coverage; another sponge may create streaks. 2. To apply, stroke sponge across cake (using one third of the sponge) and quickly blend, patting across face. 3. Because of the high water content of these foundations, be sure to tightly seal the container to prevent evaporation.

Best bets, from top: Prescriptives Photochrome Light Adjusting Makeup, Vincent Longo Water Canvas, Awake Hydro-Touch Foundation and Lancôme Cool Finish.


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SWEATER GIRL

Scouting out stores' end-of-season sweater sales? Here's a guide to the best styles for your body type

big-busted



A polo-neck cardigan draws the eye up and away toward your neckline



Interesting style details like the white piping on this acrylic V-neck divert attention away from your chest



This 100-percent lambswool boxy V-neck skims over your curves without clinging to them

small-busted



Wearing layered pieces helps to camouflage a small bust



A sweater with lots of texture, like this fuzzy lavender angora short-sleeved top, fakes fullness



The horizontal stripes on this lambswool V-neck create the illusion of a larger chest

short neck



The most flattering alternative to a turtle with a long, tight neck is a draped cowl-neck style



A boat-neck cut makes your shoulders look broader and your neck longer



A deep V-neck sweater tricks the eye and adds swan-like inches instantly

chunky torso



A low-cut boxy neckline takes the bulk off the torso and puts it on your shoulders



A fitted-at-the-hip cropped sweater in a dark color like charcoal streamlines your silhouette



Vertical ribs—on a sweater that's boxy, not tight—are a slimming style detail



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Solutions





A rare infection nearly cost my daughter her life. By Penny Fadler, as told to Deborah Fairlamb

RACING AGAINST A KILLER

Three and a half years ago, my daughter, Kayci, then three and the picture of health, contracted an infection that was so deadly, doctors were convinced we would lose her within hours. Her survival is a miracle, and the road to recovery has been long and hard. Yet, what once seemed to be a soul-crushing tragedy has taught me life-altering lessons.

On July 2, 1995, my husband, Scott, and I had taken Kayci and our son, Alex, then nine, to a Fourth of July gathering at my aunt's house. We had just begun setting off fireworks when Kayci began complaining about a headache. My mom offered to take Kayci home with her until we were ready to leave.

A few hours later, my mother called us at the party to say that Kayci was throwing up and running a fever. We left to pick up our daughter and take her home. She continued to vomit and run a temperature that night, but I didn't really start to worry until about three A.M., when her fever skyrocketed to 105 degrees. I called the emergency room in nearby Columbia, Missouri, and was told that a flu was going around that caused high fevers. As long as she was keeping some fluids down, they said, there was no cause for concern. By about seven A.M., Kayci's temperature had dropped and she'd broken out in a sweat.

Two hours later, after Scott, a carpenter, had left for work, Kayci called for me; she had wet the bed. When I took her into the bathroom to change her, I was startled to see her hip dotted with faint purple blotches—alarming bruise-like spots about as big as my thumbnail. She also was fussy and strangely lethargic. I called our family doctor and described the bruises. He told me to bring Kayci in. After a quick exam, he said he thought Kayci had a blood disorder, and suggested that we see our former pediatrician, Douglas Beal, M.D., associate professor of clinical child health at the University of Missouri Hospital and Clinic, in Columbia, who had more experience with this.

By the time we got to Dr. Beal's office, Kayci was so weak I had to carry her in. The purple blotches now covered her buttocks, the bruises on her legs had multiplied and darkened, spots were beginning to form on her arms, and the skin around her lips was turning purple. When I touched her, she moaned.

Dr. Beal immediately recognized the spreading bruises as *(continued)*



THINGS I CAN MAKE: CEREAL, CINNAMON TOAST, FROZEN PIZZA, CHICKEN & BROCCOLI ALFREDO.



CHICKEN & BROCCOLI ALFREDO

PREP TIME: 10 MIN. COOK TIME: 15 MIN.

- 6 oz. uncooked fettuccine*
- 1 cup fresh *or* frozen broccoli flowerets
- 2 tbsp. butter *or* margarine
- 1 lb. skinless, boneless chicken breasts, cubed
- 1 can (10 3/4 oz.) Campbell's® Condensed Cream of Mushroom Soup *or* 98% Fat Free Cream of Mushroom Soup
- 1/2 cup milk
- 1/2 cup grated Parmesan cheese
- 1/4 tsp. freshly ground pepper

1. Prepare fettuccine according to package directions. Add broccoli for last 4 min. of cooking time. Drain.
2. In skillet over medium-high heat, heat butter. Add chicken and cook until browned, stirring often.
3. Add soup, milk, cheese, pepper and fettuccine mixture and cook through, stirring often. Serves 4.

*Substitute 8 oz. spaghetti for fettuccine.



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Scott and I make it a priority to spend more time doing things with our kids



A WOMAN TODAY

Continued

a symptom of meningococcemia, a rare bacterial infection that affects mainly children under five. Fortunately, Dr. Beal had seen this illness before—he knew what it looked like, and how quickly it progressed. He called the University of Missouri Hospital and Clinic to say that we were bringing Kayci in now; she needed to be admitted immediately.

At the hospital the diagnosis was confirmed—Kayci did indeed have meningococcemia. The disease is transferred from person to person—about 25 percent of the population are carriers—through droplets of respiratory secretions (coughing and sneezing). It enters the body through the nasal passages and throat, and then moves into the bloodstream, after which it can strike anywhere. The meningococcemia was causing

At one point that evening, Kayci began panting, and then stopped breathing altogether. Scott and I thought our child had died

every blood vessel in Kayci's body to swell and leak—the source of the bruising. Her organs weren't getting the blood supply they needed, and Kayci began having small seizures and breathing heavily—signs of septic shock.

At one point that evening, Kayci began panting, and then stopped breathing altogether. Scott and I thought our child had died. We screamed for help, and within seconds there was a mob of hospital staffers in the room. Scott and I clung to each other, terrified, and I wept and wept. All I could say, over and over, was "Please, God, don't let her die." After several unbearably long minutes, a doctor told us that Kayci had been put on a ventilator, and the prognosis was very bad. "You've got minute-to-minute odds," he said. I found out later that in such severe cases, only 10 to 20 percent of those who contract the disease survive, and that the doctors didn't think Kayci would live past midnight.

And so the vigil began. I sat beside Kayci's bed and stroked her little hand. The antibiotics had killed off most of the bacteria, but now she had to overcome the massive levels of toxins left behind. I talked to her constantly—about the caterpillars in her bug box, her pet frogs, about the fish we were going to catch when we got home. I told her over and over that she had to fight, that I was there with her and wouldn't leave. And I never let go of her hand.

By morning Kayci was not only alive, but stable, and the doctors left her room shaking their heads in disbelief. We'd been told that as she had survived the first twenty-four hours, she had cleared the biggest hurdle. Scott and I were jubilant, but exhausted. However, we soon began to realize that Kayci's problems were far from over. She was breathing on her own, but her right hand, which had lost blood flow, had swollen to several times its normal size and was curled like a claw, the skin purplish-black and leathery to the touch. Kayci's right leg also lost circulation, and it had gone cold and rigid. The blotches, now solid lesions, covered her buttocks and most of her body, her nose and part of her face.

I had assumed that these bruises, bad as they were, would fade and heal. It came as a shock to learn that the damage was irreversible. At least 65 percent of Kayci's body was covered with dead tissue that would have to be removed, leaving behind raw flesh extremely vulnerable to further infection. Kayci wasn't out of the woods yet. For two months, she had to undergo operations twice a week to have the dead skin removed; healthy skin was also harvested for future grafts, including unaffected skin on her scalp.

Halfway through one of the early procedures, two surgeons came out to the waiting room. "We need to talk," one said, and I could see the other had been crying. They told us there was no hope for her right leg below the knee—they'd have to amputate. That day, Kayci lost part of her right leg; a week later, they amputated her right hand, and finally, though the doctors thought they'd be able to save it, her right arm up past the elbow.

Kayci was immobilized and so heavily sedated for the first four weeks that she wasn't even aware of the amputations. The doctors didn't want her body to have to cope with panic or anxiety on top *(continued)*



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...erything else. Four weeks later, when Kayci was more aware of what was going on, we told her that she had gotten a bad disease that caused her arm and leg to die, and that they had to be taken off so the rest of her body could live. She absorbed as much as she could at the time.

Kayci ultimately underwent thirteen surgeries—99 percent of her skin from the hips down was grafted. Pain medications could barely take the edge off the agony she suffered. The bandages stuck to her skin grafts and had to be peeled off, an excruciating process that was difficult to watch. Scott always left the room—it devastated him to see Kayci screaming in pain. I stayed because I never wanted her to feel alone.

Throughout our ordeal, we have been blessed with the love and support of family (who cared for Alex while Kayci was hospitalized), friends, even strangers. As word of Kayci's critical condition spread, people began prayer chains that stretched through several states. When her medical expenses quickly passed the $500,000 mark, our community organized fund-raisers—a Mexican buffet, a fish fry, an ice-cream social, a sorority dance and a benefit auction. They raised over $50,000, which helped us cover costs that our insurance and Medicaid wouldn't.

After fifty-seven days in the hospital, where she celebrated her fourth birthday, Kayci finally came home. At first, Alex was a bit resentful of the attention she was getting, but ultimately, he was relieved to have his family back together. As for Kayci, she was stick-thin and missing half her limbs, but she was every bit as spunky and strong-willed as before. It didn't take her long to learn how to scoot around on her bottom and "walk" on her knee and her stump. Learning to rely on her left hand was tough, though. For a long time Kayci was infuriated by ...r inability to color within the ... and refused to draw on any ... but a blank page. Today she has adapted well to being a lefty.

We've often had to tell Kayci how the germ invaded her body, explaining why she's missing an arm and a leg. At first she thought her limbs were going to grow back and would claim her leg was getting bigger. Every once in a while she says, "I just hate the germ that did this to me." And I say, "You know what? Mommy hates it, too."

In March 1996, Kayci went through more reconstructive surgery on her leg and was fitted with a prosthesis. When she took her first steps with me at her side, I cried. It had been almost a year since she'd held my hand and walked beside me. For a while after that she would play all day, and then cry at bedtime, afraid her new leg and newfound mobility would disappear again.

Kayci is seven now, and extremely active. She tap-dances, rides horses, plays tee ball and takes swimming lessons during the summer. She's also become very comfortable with her body. When she and her friends play on the floor with their dolls, she casually unstraps her leg and puts it to one side.

It's hard to think about all that lies ahead for our little girl. Kayci ... facing a lifetime of physical thera... and reconstructive surgery to ke... her body and skin growing normal... She will need regular prosthesis f... tings as she grows, and there will ... further cosmetic surgery to fix h... nose and face. But Kayci is such ... amazing person—so happy, alwa... laughing—and she loves life. T... one thing Scott and I try to stress ... her is that having a disability doesn... mean you can't do whatever you p... your mind to do.

We used to be a two-income fa... ily, with both Scott and I putting ... long hours. But when this happen... to Kayci, we gained a new perspe... tive on family time. I decided not ... go back to my job as billing coor... nator for a home health-care comp... ny, even though it's been a financ... sacrifice. Before, when the ki... would ask us to do something wi... them, I might say, "In a little whi... I've got to fold these clothes firs... That's all changed now. Scott and ... try to set aside the unimportat... things for tomorrow and spend t... day with our kids. Because w... learned the hard way that tomorr... might never come. ●

A Deadly Infection

Meningococcemia, the disease that infected Kayci Fadler, affects two thousand to four thousand people a year, most of them children under the age of five. Approximately 25 percent of the population carries the bacteria in their respiratory tracts, but most never suffer from infection. Meningococcemia is passed from person to person through droplets released into the air during sneezing or coughing. Doctors don't know what makes some people susceptible to the bacteria while others can be exposed and never get sick.

Unfortunately, parents often mistake a meningococcemia infection for the flu, since the two ailments share symptoms, including fever, chills and fatigue. One marker of meningococcemia is the large bruise-like lesions that appear on the skin, and attack the inside organs. These lesions, the result of leakage from the breakdown of inflamed blood vessels, inflict the same damage as a third-degree burn, and cause the body to go into shock and respiratory failure.

Although the disease has an incubation period of one to ten days, once meningococcemia strikes, patients experience a rapid decline in health. If it is not diagnosed and treated immediately, meningococcemia is often fatal. A vaccine has been developed, but it is not very effective, says Douglas Beal, M.D., especially for children under two. "At this point, until we have a better vaccine, early detection offers the best chance of survival," he adds. Beal encourages parents to pay close attention to their children's symptoms: "If there's ever the combination of a fever and rash of any sort, or your child is acting much sicker than what you'd expect for the flu, contact your doctor right away."

—Karyn J. Dabaghian

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MORTGAGES MADE EASY

Those in search of a mortgage may want to take a look online. Several new Web sites promise to make the home-financing process a lot simpler.

Until now, home buyers in search of a mortgage have had two main options: go to a broker or make numerous inquiries for the best deal. The new mortgage Web sites, say experts, eliminate the need to contact several lenders. Instead, you can get information on available loans quickly by answering several questions online, such as your preferences for rates and terms. If no loan is immediately available, some sites will send you an E-mail when one that meets your criteria is. Sites include *getsmart.com, homeshark.com* and *quickenmortgage.com.*

—John Metaxas, *Your Money*

Quote of the Month

"To me, life is about being. It's not about the next thing you do. It's about how you can be better, how you can be of greater service." —Oprah Winfrey, on *Showbiz Today*

401(k) ALERT

Trading activity within 401(k) plans has risen dramatically thanks to recent stock market drops, with people switching from stocks into safer investments like bonds or cash. But experts warn that doing so will almost always cost you money. "It's better to leave the money alone and let the market work for you over the long term," says Joel Isaacson, a financial planner in New York City. His advice: a 100 percent investment in stocks within your 401(k) to take advantage of the long-term outperformance of stocks over bonds and cash—unless you're over age fifty. As you get closer to retirement, he says, you want to consider trimming your exposure to stocks in your 401(k) plan.

—Diane Galligan, *Your Money*

Curing the winter blues



New research shows that light therapy can provide relief for the ten million Americans who suffer from seasonal affective disorder. In a recent study, 60 percent of patients who sat in front of a filtered fluorescent lighting system for thirty minutes each morning experienced improved moods.

"This tricks the brain into thinking it's in the alternate season," explains researcher Michael Terman, Ph.D., director of the winter depression program at Columbia-Presbyterian Medical Center, in New York City.

While the treatment has been around for years, some experts felt that previous studies were inconclusive, and instead opted to prescribe antidepressants. According to Terman, light therapy is a natural intervention that works just as well as drugs, or even better for some patients.

—Dr. Steve Salvatore, *Your Health*

Watch CNN's *Showbiz Today* for the latest from Hollywood to Broadway (weekdays, 2:30 P.M., E.T.) and *Your Money* for personal finance (Saturdays, 4:30 P.M., E.T.).


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What's Luck Got To Do With It?

A lot more than you might think

By Jeannie Ralston



I remember a point in my life when the classic lament, "If it weren't for bad luck, I'd have no luck at all," rang all too true. I broke up with a long-term boyfriend; the next day, my wallet, containing two prized theater tickets, was stolen on my way to work—which was itself a source of anguish. (Just that week, a new boss had drastically curtailed my responsibilities.) To top it all off, my apartment was being turned into an expensive co-operative, which meant I had to move.

Not knowing what to do, I decided to take a long weekend in Florida by myself. Those four days recharged me. Then, on the plane home, I struck up a conversation with a good-looking man across the aisle. We exchanged phone numbers, and within a few weeks had fallen madly in love. My job prospects took an equally happy turn: Three days after I returned, one of my co-workers who'd gone to work for another company offered me a job with a significant pay increase. This allowed me to find a bigger, better apartment.

As I learned during this spell, luck is like the wind. When you're on a bicycle with a friendly breeze at your back, it pushes you along with ease. But when luck goes bad, you may as well try to ride that bike into Hurricane Mitch. Luck is a strange and powerful force that enters our lives in unpredictable ways. It can bring beauty or terror; it can elevate us one minute, and flatten us the next. It can transform random encounters into life-altering events, drop unexpected blessings into our laps, or rob us horribly of fortunes, dreams or loved ones.

Last year, the *Ladies' Home Journal* American Woman Survey revealed an increasing sense among women that luck, both good and bad, plays a far more important role in our lives than we used to believe. "Baby boomers especially have been control-oriented, but as they've aged and have lived through some bad times that they couldn't control, the idea that there are powers greater than their own has gained currency," says Madelyn Hochstein, president of DYG, Inc., the social-science research firm that conducted the survey.

Another key force behind this trend is the experience of being a parent—especially of teenagers. "Once you have a child," says Hochstein, "you try to do everything to make him safe and perfect, but much is beyond your control. We've heard women say, 'You can do everything right and *(continued)*



It's not just air,
it's atmosphere.



Renuzit

still end up with a bad kid.'"

Since becoming a mother twenty months ago, I've certainly felt more vulnerable to luck's capriciousness, because a huge part of my well-being (that part owing to a certain tow-headed toddler) feels mostly out of my hands. This vulnerability seems to grow ever larger as children become more independent. When I remarked on all this to an old friend, she nearly broke down in tears, confiding that her sixteen-year-old son had recently been arrested for marijuana possession. "He was always such a good kid," she said. "We thought we were so lucky, and now I feel the roulette wheel of life has landed on us."

The newly recognized power of luck is also an outgrowth, Hochstein believes, of women's desire for more spirituality in their lives—which she defines less as an adherence to traditional American theology than as an appreciation that there *(continued on page 51)*

CAN YOU MAKE YOUR LUCK?

In *A Streetcar Named Desire*, Stanley Kowalski says, "You know what luck is? Luck is believing you're lucky." Now, Stanley may have been a loser, but there's truth to his words. In a recent study, British psychologists Richard Wiseman and Matthew Smith found that those who viewed themselves as unlucky were more likely to remember bad events, while the self-described lucky people were not only more optimistic about life events but also felt more in control of their destinies. At the same time, the unlucky viewed good fortune as something beyond their own power. They also scored high for absent-mindedness, which increases the risk of accidents—classic examples of bad luck.

Experts say the luckiest people have the ability to recognize a good break and act upon it. The best route to improving luck is to realize that most of our good luck flows through others. Try to meet as many people as possible—go to parties, join clubs—and foster warm relationships with those you come in contact with. In his classic self-help book, *How to Attract Good Luck* (Wilshire Books Co., 1952), author A.Z.H. Carr writes, "Between ourselves and those who cross our path, chance spins an invisible thread. You meet someone—the switch is thrown, a spark is kindled, a coincidence takes shape, or a chance piece of information passes—and there is the core of a lucky break."

THE ODDS OF EVERYTHING

Your chances of . . .

winning the lottery with one ticket: 1 in 5.2 million

being dealt a royal flush in poker: 1 in 649,739

being hit by lightning in your lifetime: 1 in 600,000

being killed by terrorists overseas: 1 in 650,000

being injured in an car accident in a given year: 1 in 75

being audited by the IRS: 1 in 98.9

scoring a hole in one on a golf course: 1 in 42,952

Luck by the numbers

Percentage of Americans who carry lucky charms: 75

Amount Americans spend yearly on gambling, bingo, lottery tickets and office betting pools: $333 billion

Estimated number of Americans who experience some anxiety on Friday the 13th: 21 million

Percentage of students who say that good luck charms and rituals (wearing a lucky shirt, for instance) help them perform better academically: 70

amazing luck stories

Queen of the Slots Sheila King, a fifty-three-year-old widow, took to the Las Vegas slot machines one night in 1991 and soon won $250,000. Later that same night she won $50,000 at another machine, then $50,000 more at another. Her streak continued for three years, as she won nearly $200 million in slot jackpots. But King's luck soured. As a high roller, she had deals with the casinos that no one else could play her machines and that they would not be serviced when she wasn't there. But one night, she claims, one casino opened her machine while she took a break. She lost $500,000 that night. She sued the casino for interfering with her machine, but—bad luck—the court dismissed her case.



Lucky to Be Late At seven-twenty P.M. on March 1, 1950, fifteen members of a small church in Beatrice, Nebraska, were supposed to begin choir practice. But the minister, his wife and daughter were delayed because the wife had to iron the daughter's dress. One girl waited to finish a geometry problem. Another member's car wouldn't start. Two others lingered to hear the end of a radio program. At seven twenty five, not a single choir member had yet shown up. At that moment, there was a gas explosion and the church was destroyed. It would seem that fate must have intervened, sparing the lives of all fifteen choir members.

The Black-Cloud Boat In 1971, the cruise ship *Achille Lauro* smashed into a fishing boat, killing a fisherman. In 1981, a fire broke out onboard; when terrified passengers leaped into the ocean, two drowned. In 1985, Palestinian terrorists hijacked the liner, shot and killed passenger Leon Klinghoffer, a wheelchair-bound Jewish New Yorker, and dumped him overboard. Then, off the coast of Somalia in 1994, a fire broke out in the engine room. One passenger died of a heart attack, another from a blow to the head while boarding a life raft. The ship finally sank. Good riddance, some might say.

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MOST ASCINATING WOMEN OF '98

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HEALTH

Ear Infections.
The more you know, the more you can help

You've seen your child's symptoms. Crying all night. No appetite. Waking every hour or two, running a fever, tugging at little ears. Just when you thought you had it conquered for the season, your child's ear infection is back. Bacteria are often the culprits. Fortunately, antibiotics may help. But your role is also crucial. And the more you know about ear infections, the better prepared you are to help fight them.

What is an ear infection and why does my child keep getting them?

Otitis media, more commonly known as an ear infection, is an inflammation of the middle ear (the space just behind the eardrum), and is often caused by bacteria. It can affect one or both ears, typically occurs with, or just after, a cold, and is usually accompanied by fluid build-up within the middle ear.

Although ear infections are not directly contagious, the colds and other respiratory tract infections that often precede them are. That's why children in day care and nursery school settings get ear infections frequently.

If you suspect your child has an ear infection, call your doctor. If appropriate, your doctor will prescribe an antibiotic. Don't insist that your physician prescribe your child an antibiotic, because at times antibiotics are neither necessary nor appropriate.

Can ear infections cause hearing loss or speech problems?

Ear infections can sometimes cause temporary hearing loss as a result of fluid build-up in the middle ear. Since children learn to speak by listening to others, this can occasionally result in speech and language delays.

What are antibiotics and how do they work?

Antibiotics are medications that either kill bacteria or stop them from growing. They are commonly prescribed for bacterial infections involving the respiratory tract. There are many different kinds of antibiotics. The specific antibiotic and the type of infection it's being used to treat determine the number of days and the number of doses per day the antibiotic needs to be taken. Some antibiotics can be taken for five days, while others are taken for 10 to 14 days. Only your doctor can determine which is appropriate for your child's condition.

Are antibiotics good for fighting colds too?

No. Antibiotics don't work at all against viral infections such as the common cold or flu. Only your doctor can determine the type of infection your child has and whether an antibiotic is necessary.

Why does my child have to keep taking antibiotics after he starts to feel better?

It is natural for your child to begin feeling better soon after starting antibiotics because they've begun their job of knocking out harmful bacteria. But just because your child's symptoms may be gone does not mean that the antibiotics have finished their work. If you stop antibiotics before the full course is finished, the infection may not be completely treated. Be sure to give your child the recommended medication as directed by the child's doctor.

Remember these tips.

- If you suspect your child has an ear infection, see your doctor.
- Don't insist on a prescription for an antibiotic if your child has a viral infection, such as a cold or the flu.
- Complete the prescription, even after your child starts to feel well.
- Never share antibiotics with a sibling or anyone else. Throw away leftovers.
- Tell your doctor if your child is taking other medications.
- Follow your doctor's instructions carefully. Give doses on schedule for the number of days indicated.
- Remember, keep all medications well out of children's reach.

Pfizer



Or ask your doctor about Zithromax. Five days and you're done.



If your doctor is prescribing an antibiotic for your child's bacterial ear infection (acute otitis media), ask if Zithromax is right for your child.

THE ONLY ONCE-A-DAY FOR FIVE DAYS ANTIBIOTIC.

Unlike other antibiotics, you give Zithromax just once a day for five days. And five days are as effective as ten days of conventional therapy, because Zithromax continues to work for several days after the last dose.

Zithromax has a great cherry taste kids like, and is well tolerated. The most common side effects are diarrhea (2%), abdominal pain (2%), vomiting (1%), and nausea (1%). Although allergic reactions are rare, should one occur, discontinue this medication and contact your healthcare professional. See the brief summary on the next page for complete details.

ASK YOUR DOCTOR IF ZITHROMAX IS RIGHT FOR YOUR CHILD.

For more information on Zithromax and a free booklet on your child's language development and hearing, call 1-800-587-DAYS. Or visit us at www.KidsEars.com

Zithromax
(azithromycin for oral suspension)
ONCE DAILY FOR 5 DAYS

Pfizer FIVE DAYS AND YOU'RE DONE.

Zithromax
azithromycin for oral suspension

ZITHROMAX
(azithromycin for oral suspension)
BRIEF SUMMARY

CONTRAINDICATIONS

WARNINGS

CONTRAINDICATIONS

recurred

soon thereafter in some patients without further azithromycin exposure

In the treatment of pneumonia, azithromycin has only been shown to be safe and effective in the treatment of community-acquired pneumonia due to *Chlamydia pneumoniae, Haemophilus influenzae, Mycoplasma pneumoniae* or *Streptococcus pneumoniae* in patients appropriate for oral therapy. Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, elderly or debilitated patients, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia). Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.

PRECAUTIONS General:

Information for Patients:

Drug Interactions

Laboratory Test Interactions

Carcinogenesis, Mutagenesis, Impairment of Fertility:

Pregnancy:

DOSAGE AND ADMINIS

Studies evaluating the use of repeated courses of therapy have not been conducted. Geriatric Use:

ADVERSE REACTIONS

Clinical: Adults:

Cardiovascular: Gastrointestinal:

Genitourinary:

Nervous System:

General: Allergic:

Children:

Cardiovascular:

Gastrointestinal:

Nervous System:

General:

Allergic: Skin and Appendages: Special Senses:

Post-Marketing Experience.

Allergic:

Cardiovascular:

Gastrointestinal:

General:

Genitourinary:

Liver/Biliary:

Nervous System: Skin/Appendages:

Special Senses:

Laboratory Abnormalities: Adults:

Children:

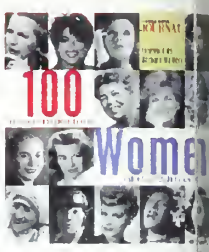
DOSAGE AND ADMINISTRATION Acute Otitis Media and Community-Acquired Pneumonia

Pharyngitis/Tonsillitis:

ZITHROMAX for oral suspension should be given at least 1 hour before or 2 hours after a meal. ZITHROMAX for oral suspension should not be taken with food.

Pfizer U.S. Pharmaceuticals

LHJ BOOK BAG



Never underestimate the power of a woman." This has been the motto of *Ladies' Home Journal*® for decades. In honor of our 115th anniversary, we created ***Ladies' Home Journal* 100 Most Important Women of the 20th Century**, an exciting photo-journal of the women—in laboratories and playing fields, to the entertainment and fashion industries—who left their marks on the way we live today.

This volume honors the memories these women, chosen by a panel of magazine editors and top women historians, through life stories and more than 200 photos. The regular price of the 192-page oversize hardcover book is $34.95, plus $5 for shipping, handling and applicable sales tax.

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Continued from page 46

are forces at work (God, a higher power, angels) beyond our control.

Interior designer Jeanette Seymour, a self-described perfectionist, used to believe she was master of her own destiny. Then, in her late thirties, she tried to get pregnant, and soon learned how large luck loomed in her life. "It dawned on me over those two years of trying that you could do everything right, right, right, but there was another whole element that I absolutely couldn't control," she says now.

Seymour started going to church again, searching for peace and acceptance of her fate. "Once I opened myself up and acknowledged that I had no control, I think I let other forces actually work." After many months of fertility treatment, Seymour is due to give birth next month. "We feel so incredibly blessed, which is another way, I guess, of saying we feel lucky."

Even though luck plays such a significant role in our lives, it remains a relatively unexamined phenomenon—perhaps because we associate luck with the silly rituals of *(continued)*

LADY LUCK . . . AND OTHER FORMS OF FORTUNE

[illegible] things that [illegible] given or taken away. I once missed a flight from Los Angeles to New York. When the airline needed to bump some passengers from the oversold flight, I rushed to volunteer. Not only did I get a free round-trip ticket (which was expected, so not exactly lucky), but the clerk placed me on another carrier the next morning in first class (a $1,000 value). I've also been on the other end. More than once, I have slaved over a project, only to have it abruptly canceled for some unforeseeable reason.

Accidents are horrible manifestations of luck. The minor version is when a broom happens to fall in our path as we walk. The major version is when an airplane crashes.

Narrow escapes are another form of luck. Two years ago, I came to what I thought was a four-way stop sign. I stopped [illegible] the cement truck coming down the road to my left, then pressed the gas pedal to proceed just as I realized this wasn't a four-way stop after all. But at that split second, luck came to me in the form of my old Volkswagen Beetle, whose unreliability until this point had been a curse. My car stalled, and the truck zoomed by.

Fake [illegible] are the inverse of narrow escapes, says Rescher. The worst example is when a tornado swoops down from the sky and chooses—out of all the patches of land on earth—to hit your house. A less violent version happened to my friend Kathy. Of all the people at her wedding rehearsal dinner, she alone got food poisoning. The next day, the bride was so sick she actually had to leave the altar to throw up outside. (Side note about omens: The marriage collapsed a year later.)

THE CHARMED LIFE





Most of the rituals and talismans that people cling to for luck are completely irrational, but they give us a sense that we're managing our luck. Athletes (not to mention sailors and fishermen who depend heavily on the weather) are often superstitious. Home-run king Hank Aaron wore the same shower shoes for twenty years because he thought they brought him luck, and basketball great Michael Jordan felt more confident with his University of North Carolina basketball shorts under his Chicago Bulls uniform.

Most of us rely on some of the following to bring good luck:

Four-leaf clovers **The Druids in medieval Europe believed that four-leaf clovers imparted to those who found them special powers to see invisible witches and evil spirits. A mutation of the normal three-leaf variety, its value as a charm stemmed in part from its rarity.**

Rabbits and hares **have long been revered as mystical. Because they live underground, rabbits were believed by the Celts to be in secret communication with the netherworld. It is, however, the great bunny-making capabilities of rabbits that give them their strongest association with luck and prosperity.**

The Etruscans believed that the hen and the cock were soothsayers—the hen because she foretold the laying of an egg with a squawk, and the cock because his crow heralded each dawn. When a fowl was [illegible] collarbone was dried in the sun and people made wishes by simply touching the bone. The practice of breaking the wishbone, with good luck going to the one who gets the larger half, may have developed as a function of supply and demand: too few wishbones and too many people.

[illegible] This custom seems to have grown from a belief that the noise may prevent evil spirits from hearing you mention your good luck. That kind of boast would be dangerous because it could incite anger and a reversal of your fortunes. Today, it has the more practical purpose of acknowledging the role of luck, making you seem more humble.

[illegible] Horses have long been worshiped as magical animals, and the horseshoe's crescent shape resembles the new moon, an ancient symbol for the procreative powers of women. A horseshoe nailed over the door symbolizes the forces of life prevailing over the forces of death.

superstition. Americans have never embraced the concept of luck as heartily as other cultures (the Irish, for example): Historically, we have promoted old-fashioned values, such as hard work and stick-to-itiveness, as the keys to prosperity. "If chance intervenes in a good way, people will pretend it is by design," observes Laurence Roy Stains, co-author of *The Good Luck Book* (Workman Publishing, 1997). "If chance intervenes in a bad way, we sue." Yet any successful person who's the least bit honest will acknowledge that some of his or her success rests not just on hard work or innate ability, but on being at the right place at the right time.

Is It Luck or Is It Labor?

Determining the thin line between luck and hard work is difficult. Machiavelli believed the ratio was 50/50, but that equation varies with the times. In a placid era, nose-to-the-grindstone habits probably count for more. In a period of turbulence—such as we are experiencing now—luck, both good and bad, assumes more prominence. Today, people are more mobile, and the economy more global, which means that workers are subject more than ever to external forces.

Yet at the same time, scientific and intellectual advances have made us less likely to credit—or blame—luck. For instance, before the germ theory of disease was developed, there was no good explanation for why some people came down with a disease and others didn't. Many people attributed to luck—or even witchcraft—what in all probability was hygiene.

Even so, there is much that we prefer to leave to luck. Our hallowed stock market is a ferocious luck machine. Investors roll the dice every day. And while families in other cultures broker marriages, most of us prefer to leave this crucial event to chance. The upside of this method is that we may end up in a love match. The downside is singles' bars.

But despite its potential for wreaking havoc, luck should be celebrated. A society that left nothing to chance would be authoritative and oppressive. "A world without luck," Stains observes, "would be the most boring place imaginable." ●

Jeannie Ralston, a frequent contributor to Ladies' Home Journal, also writes for Allure.

the GREAT LEVELER

One aspect of luck is all-American: It is supremely democratic, tossing out both the good and bad varieties to magnate and miner alike. The Kennedy family, for all its blessings—looks, money, status—has had dreadful luck. Bill Gates, a nerdy college dropout who is now the richest man in the world, was the beneficiary of truly magnificent luck. Because IBM failed to obtain exclusive rights to the operating system that Gates sold IBM for its first PCs (an alliance that was itself lucky, since IBM approached another company first, but the executive was too busy to meet with IBM), Gates was free to sell his MS-DOS system to all of the other computer companies. "Luck can compensate for a lack of natural advantages," says Nicholas Rescher, Ph.D., a professor of philosophy at the University of Pittsburgh and author of *Luck: The Brilliant Randomness of Everyday Life* (Farrar, Straus & Giroux, 1995). "[It] is a great populist force that gives everyone a chance."

Luck rarely seems fair when we get the bad end of it. But in truth, luck *is* fair in its randomness and its inconsistency. I get particularly antsy after a string of good fortune. I almost expect a hit of bad luck to even the score.

Luck is relative, too. When my husband and I were house-hunting, we made an offer on a cottage we'd fallen in love with. The sellers accepted, then abruptly changed their minds. We were devastated but resumed our search. And—wouldn't you know?—a glorious house in a better neighborhood with a bigger yard had just come on the market.

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"ARE THESE **MY** CHILDREN?"

After a vicious attack left Mary DeVane with irreversible amnesia, she fought to build a new life and new memories

By Andrea Gross

On an October day in 1991, thirty-year-old Mary DeVane woke up in a hospital room, not knowing where she was. Not knowing *who* she was. She didn't remember that she was married, that she had children waiting for her at home. All the important events of her life had vanished, as if they had never happened at all.

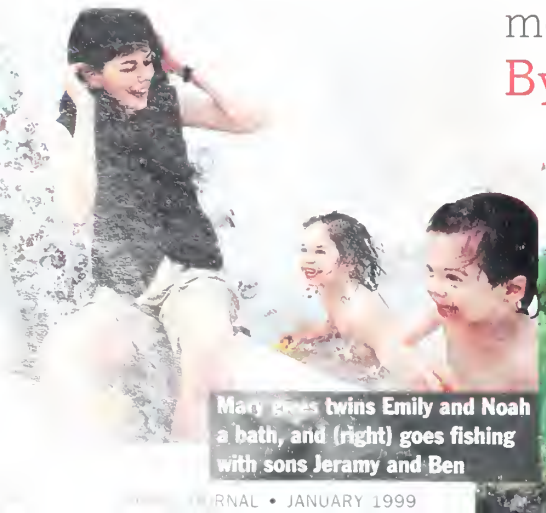
In the nearly eight years since Mary was diagnosed with amnesia as the result of a brutal assault, she and her family have coped with financial hardship, despair and the long, slow struggle to regain her life. Yet there have also been bright moments, enduring love—and miracles.

A Life Forgotten

"Mommy, don't go!" protested Ben. Mary kissed her four-year-old son and said, "I have to go, buddy. But we'll have tomorrow." She hugged three-year-old Jeramy and one-year-old Stephany and said good-bye to her husband, Steve, a Baptist minister who worked as a hospital patient counselor. Then she left for her evening shift as a residential counselor at a teen shelter near Daytona Beach, Florida.

Shortly before eight-thirty, Mary was in her office when Heather, a teenage resident with a reputation for trouble, pulled up her shirt and exposed herself. Mary ordered the girl to go to her room. Minutes later, she felt a chair slam against the back of her head. Heather then kicked her over and over in the stomach and pelvis with her heavy metal-toed boots before running down the hall. Staggering, Mary followed her, and Heather lashed out again, sending her into the cinder-block wall with her final kick. One boy pulled Mary to safety while a co-worker called for help.

Doctors first attended to Mary's obvious injuries: a pelvic fracture, vaginal bleeding, an injured eye. But as she began losing consciousness, they realized that she had also sustained severe *(continued on page 58)*



Mary gives twins Emily and Noah a bath, and (right) goes fishing with sons Jeramy and Ben





Though Mary can't be a full caretaker to the children, "I can be a good mommy," she says


The most affordable porcelain Shirley Temple doll ever — only $75!
The Shirley Temple "Baby Take a Bow" Doll
by Elke Hutchens
Shown slightly smaller than actual size of 10½".

head trauma. The arteries supplying her brain had been compressed; deprived of oxygen, brain cells died, and with them went some of Mary's speech and motor skills and a large portion of her memory.

For four days Mary was in and out of a semi-coma. When she finally woke up, she remembered the assault but almost nothing of life before it. She had to be told that the concerned man at her bedside was her husband. "She didn't know exactly who I was, but she sort of had a feeling that I belonged there," says Steve. Mary didn't recognize her children in a photograph on her wall, and the doctors didn't tell her about them at first for fear she wouldn't be able to handle the news. When she finally learned the truth—nearly four weeks later, on the day she left the hospital—she was confused, thrilled and terrified. Could she be a good mother to these children again?



Mary and Steve (on their first wedding day in 1985) decided to renew their commitment with a second ceremony in 1992 (below)

Mary remembered nothing of her life before the assault. She didn't even recognize her husband or her children

At home, Ben jumped on Mary's lap, but Stephany cried and clung to Steve's mother, who had been babysitting. Jeramy, noticing Mary's still-battered face, said fiercely, "You are not my old mommy. Go away!" Her eyes brimming, Mary said, "I don't remember your old mommy—I wish I did. Can you tell me something about her?" Jeramy confided that they used to sing a song called "Best Buddies." With coaxing from his dad, he sang a verse, and Mary blurted, "Germ, I love it!" From the recesses of her memory, her son's nickname had popped to her lips. Surprised, Jeramy snuggled into her arms.

Second Vows

At first, Mary and Steve didn't know whether her past was gone forever. Neurologists said that sometimes memories do return, especially in the two years following the injury. The DeVanes clung to that hope.



Mary still had most of her conceptual memory. She knew what words like *mother* and *father* meant, even if she didn't recognize her own parents. With the help of a speech therapist and some prompting from kindergartner Ben, she quickly relearned to read and write.

But her autobiographical memory was mostly a blank. Steve showed Mary pictures of their wedding, mementos of the children. But the memories never truly became her own.

It was a sad time, marked by anger and grief over their tremendous loss, but also a special one. As Steve told Mary about their shared history and the dreams they'd had, their love grew deeper. A year after the attack, they decided to have a second wedding to celebrate their continued commitment.

Ben shared best man duties with Jeramy, and Stephany was flower girl when the couple renewed their vows before a small group of family and friends. As Steve was saying, "I do," Mary suddenly reached out her hand. "Wait a minute," she whispered to the pastor. "I remember! I *remember*!" For just a moment, the darkness had been broken by memories of hearing the same words in a different place, at another time. She burst into delighted tears.

Desperate Times

At the sentencing hearing for Heather, Mary asked the judge to be lenient. "She has devastated my life, but I look at her and see the faces of my children," she said. Still, Heather was given the stiffest possible penalty: one year in a juvenile detention facility. She later attacked a girl there, then escaped. In the meantime, the DeVanes filed suit against the officers of the corporation that ran the teen shelter for gross negligence, along with the State of Florida—which had custody of Heather—for negligence.

After a year and a half of intensive therapy, Mary could bathe and dress the children and do some of the grocery shopping. But she suffered blinding headaches, needed ten or more hours of sleep per night and was prone to seizures that left her unconscious for hours or even days. Easily distracted, she often left pots on lit burners or forgot to turn off her curling iron. There were tense moments in the marriage, too. One day, Mary wrote in her journal, "We just had another ugly outburst. Is it because we are just tired, or are we sitting on so many things with no end in sight?"

The DeVanes' apartment became a revolving door for health-care workers—fifty-six in just eighteen months. Some were simply

rwhelmed by the family's ne
others were cruel or downr
inal. One stole $300 and Mary
lding ring; another left the ch
n in a park while she boug
gs. Finally, Steve quit his hospit
in May 1993 to care for his fam
Mary's workers' compensation
him a modest stipend.
though the caretaking dilemma
now solved, Mary was still frus
ed by her handicaps, not to men
their mounting financial
blems. Her compensation checks
e always late, and creditors
nded them. *(continued on page 62)*

The Mystery of Memory

Each year, more than two million adults sustain brain injuries. Almost all of them experience some degree of memory impairment, but very few forget their entire past, as Mary DeVane did. Victims usually lose the memory of only a few hours or, at most, a few days immediately preceding the trauma. Often, they have difficulty forming new memories. But, "There are some cases, still not well understood, where there is mainly a loss of retrograde [past] memory," says Daniel Schacter, Ph.D., professor of psychology at Harvard and author of *Searching for Memory: The Brain, the Mind, and the Past* (Basic Books, 1997). "It's not unheard-of, but it is rare, and there's still discussion about exactly why it happens."

Experts divide memory into three general types: episodic, which stores specific autobiographical incidents; semantic, for more generalized concepts and associations; and procedural, which enables us to learn new skills. In Mary's case, her biggest loss was her episodic memory.

Mary will probably never regain her recollections of the past entirely; experts agree that the longer a patient goes without spontaneous recovery, the less likely it is to occur. In a sense, says Schacter, people like Mary "lose their whole sense of self. It's the link between memory and a sense of self that is brought to the fore in these kinds of cases." —A.G.

Secret Success Stories

My mom's success is my greatest inspiration.

Suzanne Yang, Age 14
Brooklyn Center, Minnesota
$1000 scholarship winner
Secret® to Self Esteem Contest

[redacted]



I've taught my daughter self-respect.

Diane Harnisch, Austin, Texas
Shana Harnisch, Age 17
$1000 scholarship winner,
Secret® to Self-Esteem Contest

My 17 year old daughter, Shana, has developed feminine strength because I have always encouraged her to be a leader and not a follower. Her community service and her school involvement certainly prove her leadership. When she ran for vice president of her senior class, we shared in the preparation with excitement and anticipation, and when Shana lost and cried with disappointment, we discussed how she may not always be a winner but the effort she puts forth will build character and strength.

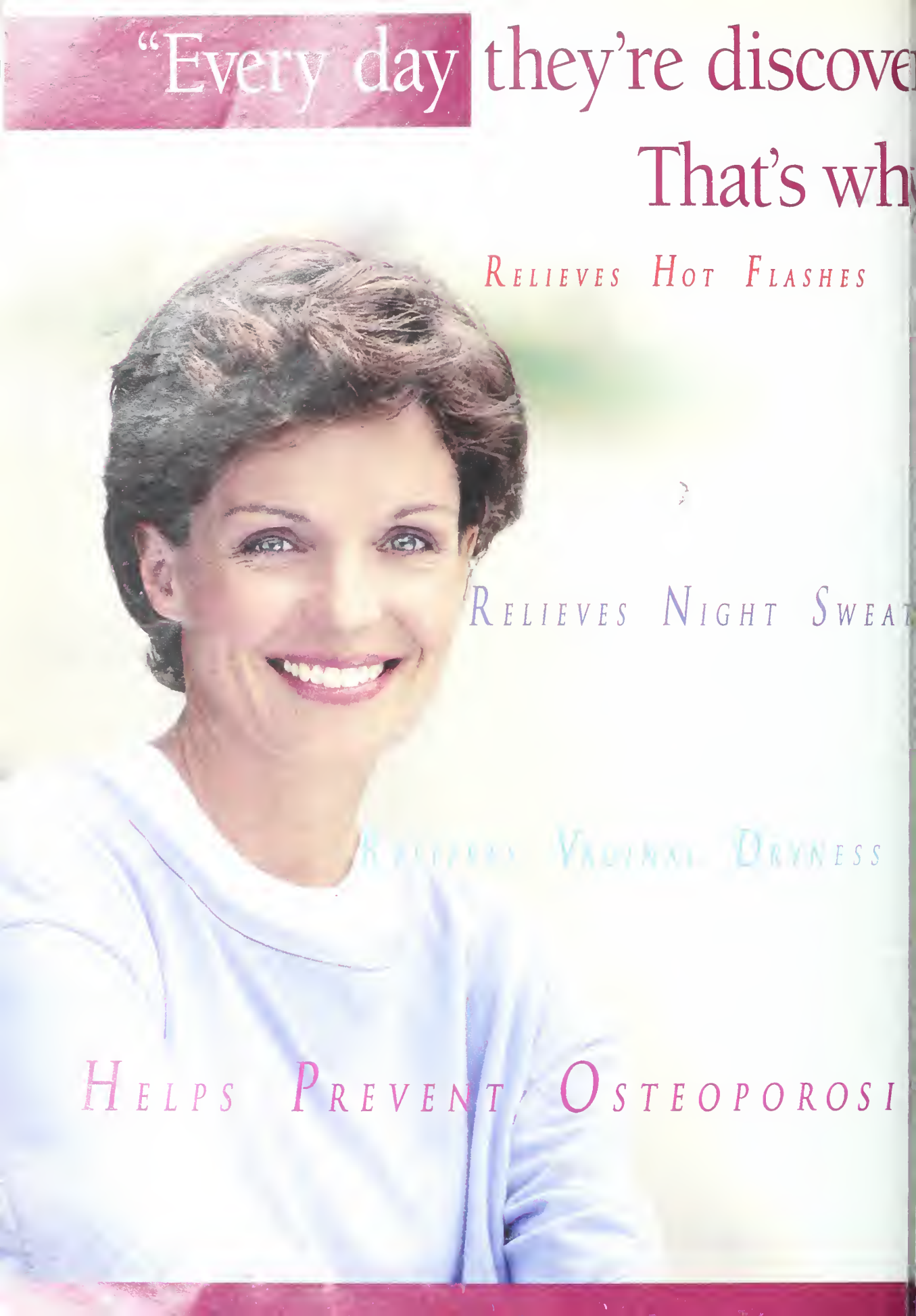
In my heart, I truly knew that Shana had developed into a young lady with feminine strength when she came home on prom night and said, "Mom, I took a cab home because my date was drinking and I wouldn't ride with him." I smiled with pride and knew that, with the love, support and encouragement that I have given her, Shana has grown into a beautiful, self-confident young woman.



Set Standards [redacted] daughter define her own standards based on [redacted] for her. Encourage her to talk about her dreams and her [redacted] set goals that will challenge her. Be sure to make [redacted] alcohol and sex. Review different [redacted] that conflict with her standards.

Secret®

Helping girls become strong women.


"Every day they're discove
That's wh
Relieves Hot Flashes
Relieves Night Swea
Helps Prevent Osteoporosi

ng more about estrogen loss.

m glad I take my Premarin."

"I started taking PREMARIN a number ears ago. My hot flashes went away, I've felt wonderful ever since. My tor and I agreed that I should keep ing it, not just to keep my symptoms m coming back, but also to prevent e loss. Recently, I heard about new earch. It's comforting to know that y're discovering even more about ogen loss and menopause.'

ARIN offers you many benefits. It relieves ymptoms of menopause. The hot es that can disrupt your days. The sweats that can interrupt your sleep make you tired and irritable the next The vaginal dryness that can be mfortable and interfere with sexual acy. These symptoms may return if stop taking your PREMARIN. PREMARIN helps to prevent osteoporosis by ecting against bone loss in post- opausal women, and therefore, helps stay active in the years to come.



ARIN has earned your confidence. PREMARIN has been ribed for more than 55 years. The most studied of all gens, PREMARIN has earned the confidence of generation generation of women all over the world. Today, PREMARIN en by more than 9,000,000 women in the U.S. alone.

research keeps PREMARIN at the forefront. overies in medical science continue to reveal mation about the positive impact of PREMARIN ughout menopause—and beyond. For example, in t years it was learned that PREMARIN increases your of "good" cholesterol (HDLs) and decreases your s of "bad" cholesterol (LDLs). And more is being ed every day.

research into estrogen loss and the effects enopause. Wyeth-Ayerst, the maker of PREMARIN, has established the Women's Health Research Institute (WHRI). WHRI is dedicated to the discovery and development of medicines that help women live longer, healthier lives and to ongoing research into the effects of estrogen loss and estrogen replacement therapy. A heritage of confidence ... a commitment to your future. Good reasons why PREMARIN is an important part of your life ... now more than ever.

There can be side effects with PREMARIN. One is the possibility of developing cancer of the uterus. If you have had a hysterectomy, you don't have this risk. Your doctor may prescribe a progestin along with PREMARIN to greatly reduce this risk. Side effects include blood clots, nausea, vomiting, and breast tenderness.

PREMARIN may not be right for every woman. When you discuss estrogen replacement therapy with your doctor or health care provider, be sure to discuss your personal and family history of breast cancer, breast lumps, uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, or heart disease. If you have experienced any of these conditions, you should not take PREMARIN. Also, you should not take PREMARIN if you are pregnant because of possible risk to the fetus.

If you have any questions about your PREMARIN prescription, speak with your doctor or health care provider.

Please be sure to read the important information on the following page.

"Taking my PREMARIN is something I do for myself every day. PREMARIN will continue to be my estrogen, now, more than ever."

For more i

PREMARIN®

(conjugated estrogens tablets, USP) 0.625 mg

PREMARIN is a trademark of Wyeth-Ayerst Laboratories

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMARIN® Brand of conjugated estrogens tablets, USP

Read this before you start taking PREMARIN and each time you get a refill. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. Only your doctor knows the benefits and the risks of estrogen treatment.

ESTROGEN DRUGS

Estrogens have several important uses but also some risks. You must decide with your doctor, whether the risks of estrogens are acceptable in view of their benefits. If you decide to start taking estrogens, check with your doctor to make sure you are using the lowest dose effective dose. The length of treatment with estrogens will depend upon the reason for use. This should be discussed with your doctor.

USES OF ESTROGEN

Treatment of moderate to severe symptoms. Estrogens are normally produced by women. The decrease in the amount of estrogen in the body when a woman is between [illegible] and 55 causes the menopause. [illegible] is followed by [illegible] called "natural menopause." When the amount of estrogen begins to decrease, [illegible] muscle symptoms, such as feelings of warmth [illegible] neck and chest ("hot flashes" or "hot flushes"), sweating, [illegible] heat and sweating ("hot flashes"). The [illegible] lower estrogen levels.

[illegible] symptoms and do not need estrogens. Other women may [illegible] lower estrogen levels. The majority of women do [illegible] symptoms.

[illegible] menopause, some women develop osteoporosis. [illegible] likely to break, often leading to fractures of [illegible] bone loss [illegible] calcium (such as milk products) or taking [illegible] certain types of exercise may also help prevent [illegible]

[illegible] some risk. Its use in the prevention of osteoporosis should be considered [illegible] appears to be responsive to the condition. The following characteristics are often present [illegible] likely to develop osteoporosis: white race, thinness, and cigarette smoking.

[illegible] who had the removal of their ovaries at a relatively young age are [illegible] for estrogen therapy to prevent osteoporosis.

[illegible] types of [illegible] hormonal imbalance

[illegible] (inflammation of the vagina)

WHEN ESTROGENS SHOULD NOT BE USED

Estrogens should not be used:

During pregnancy. Although the risk is fairly small, there is a greater risk of having a child born with a birth defect if you take estrogens during pregnancy. A male child may have an increased risk of developing abnormalities of the urinary system and sex organs. A female child may have an increased risk of developing cancer of the vagina or cervix in her teens or twenties. Estrogen is not effective in preventing miscarriage (abortion).

If you are breast feeding. Many drugs are excreted in human milk and can be passed on to your baby. Therefore, estrogen therapy should be used only when your doctor decides it is clearly necessary.

If you have had any heart or circulation problems. Estrogen therapy should be used only after consultation with your physician and only in recommended doses. Patients with a tendency for abnormal blood clotting should avoid estrogen use. This includes patients who currently have clots in the leg (thrombophlebitis) or in another part of the body (thromboembolic disorder). (See below.)

If you have had undiagnosed vaginal bleeding. If you have ever had abnormal bleeding from the vagina, estrogens should not be used unless you have talked to your physician about this problem.

If you have had cancer. Since estrogens increase the risk of certain cancers, you should not take estrogens if you have ever had cancer of the breast or uterus. In certain situations, your doctor may choose to use estrogen in the treatment of breast cancer.

When they are ineffective. Sometimes women experience nervous symptoms or depression during menopause. There is no evidence that estrogens are effective for such symptoms. You may have heard that taking estrogens for long periods (years) after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence that this is so, and such long-term treatment may carry serious risks.

DANGERS OF ESTROGENS

Cancer of the uterus. The risk of cancer of the uterus increases the longer estrogens are used and when [illegible] are taken. One study showed that when estrogens are discontinued, this increased risk of cancer [illegible] to fall quickly. In the study, the excess risk was demonstrated for 10 years after [illegible] estrogen treatment. Because of this risk, it is important to take the lowest effective dose of estrogen [illegible] take them as long as you need it. There is a higher risk of cancer of the uterus if you are overweight.

[illegible] have high blood pressure.

[illegible] have had your uterus removed (total hysterectomy), there is no danger of developing cancer of the uterus. To have your uterus removed, please refer to the section titled "**OTHER INFORMATION.**"

Cancer of the breast. The majority of studies have shown no association with the usual doses used for postmenopausal estrogen replacement therapy and breast cancer. Some studies have suggested a possible increased incidence of breast cancer in those women taking estrogens for prolonged periods of time and especially if higher doses are used.

Regular breast examinations by a health professional and self examination are recommended for women receiving estrogen therapy as they are for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, heart attack or pulmonary embolus, any of which may be fatal.

Heart disease. Large doses of estrogen in men have been shown to increase the risk of certain heart diseases. This may not necessarily be true in women. In order to avoid the theoretical risk of high doses, the dose of estrogen you take should not exceed the dose recommended by your doctor.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast and/or bone cancer.

SIDE EFFECTS

In addition to the risks listed above, the following side effects have been reported with estrogen use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen.
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors of the uterus
- Breakthrough bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING RISK OF ESTROGEN USE

If you decide to take estrogens, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking estrogens, it is important that you visit your doctor at least once a year for a physical examination. Special attention should be given to blood pressure, breasts, abdomen, and pelvic organs. A Pap smear should be taken and tested at this visit. If members of your family have had breast cancer or if you have ever had breast nodules or an abnormal mammogram (breast x-ray), you may need to have more frequent breast examinations. Also be sure to let your doctor know if you have ever had liver or kidney disease, as this may affect the decision to use estrogen.

Reevaluate your need for estrogens. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual side effects to your doctor immediately:

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots in the legs, heart, or lungs)
- Severe headache, dizziness, faintness, or changes in vision, indicating possible clots in the brain or eye
- Breast lumps
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Some physicians may choose to prescribe another hormonal drug to be used in association with estrogen treatment for women with a uterus. These drugs, progestins, have been reported to lower the frequency of occurrence of a possible precancerous condition of the uterine lining. Whether this will provide protection from uterine cancer has not been clearly established. There are possible additional risks that may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats and sugars. The choice of progestin and its dosage may be important in minimizing these effects.

Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, or poison control center immediately.

This Summary provides the most important information about estrogens. If you want to read more, ask your doctor or pharmacist to let you read the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the most current Premarin Tablets Direction Circular, CI 5084-1, Revised May 4, 1998.

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PAPP 0559

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"ARE THESE MY CHILDREN?"

Continued from page 59

When her medical bills topped $250,000, the couple declared bankruptcy, and Mary blamed herself. Depressed and tired, she decided that everyone would be better off if she were dead. She made a list of final accomplishments—writing letters to the children, buying Stephany her first ballet slippers—and checked them off one by one.

Then Mary attempted suicide. She tried to drown herself in a nearby lake, but changed her mind after hitting the water. A few days later, alone in the house, she took a knife from the kitchen and prepared to stab herself. But before she acted, she called her lawyer and asked whether the family would still be eligible for her benefits if she died. No, the attorney said, the money would stop coming. Not wanting to leave her family in a bigger financial bind, Mary put away the knife.

Slowly, with the help of counselors, Mary began to accept that she was still a cherished family member. "Reasons I can't do it: Because Steven Clayton DeVane is the absolute love of my life," she later wrote. "Because I cannot let Ben and Jeamy and Stephany believe this is the way to deal with adversity. I want them to be proud of me. I can't miout on the rest of my life."

Double Blessings

As Mary's depression lifted, things began to fall into place. She and Steve accepted a lump-sum settlement from workers' compensation which relieved their immediate money troubles. One of the first things they bought was a replacement for her stolen wedding band. (In September, their lawsuit was settle

out of court, though for a fraction of the $19 million they had asked to cover Mary's lifelong care.

The DeVanes also began trying to expand their family once doctors assured them that Mary could safely become pregnant. "We had always planned to have a fourth child," Steve explains, "and Mary was doing pretty well." One of Mary's journal entries says: "Remember, Lord, I really want that next baby. Please. I suppose if I really had enough faith, I could ask you for [two] of them. What about it, Lord?"

One summer night in 1995, the family was eating dinner out when Mary suddenly felt nauseated. Too excited to wait, Steve dashed out to a nearby drugstore and came back with a pregnancy test. Mary emerged from the ladies' room a few minutes later, announcing, "It's blue!" The family was elated.

The next day, her obstetrician did an ultrasound and gave them some surprising news. "This baby is bringing a friend," he said. "You're having twins!" Says Mary, "I'd never been so happy. So much had been taken away, but God trusted me with this."

Mary's pregnancy required careful monitoring, and she was often restricted to partial bed rest, but there were no complications. Emily Elizabeth and Noah Steven Wesley were born by cesarean section two days after Christmas 1995, nine weeks early but healthy.

Not everyone agreed that having more children was a wise idea. "You can imagine the uproar that this caused among family and friends," admits Steve. "But the twins have been a real blessing to us." Adds Mary, "We had marked everything from the day of Mommy's 'accident,' but now everything is marked from the time of the babies' birth. This has been healing for everyone."

Mary has accepted the fact that her disabilities are permanent. She has vision problems and needs a walker or wheelchair to travel. Then there are the unexpected health crises. "We have a saying that Mary can go from Disney World to intensive care in twenty-four hours," Steve says dryly.



The attack—which took place in this teen shelter—left Mary with permanent disabilities

Mary's short-term memory is still a problem; Steve cites one recent incident in which she lost track of the twins while shopping. Emotional traumas linger, too. Mary feels uneasy every evening around the hour when she was attacked.

Although some head-injury patients show profound personality changes, Mary hasn't—except for one peculiar side effect. She craves Chinese food, which she used to hate, and she has lost her special fondness for the color blue. "If your tastes are based on episodes and knowledge about specific outcomes, and you don't have that anymore, [those tastes] have lost their [meaning]," explains Neal Cohen,



to miss out on this one!" she says.

And remarkably, though their roles have changed, the bond between the couple is as strong as it has ever been. They confide in each other, make decisions as a team, and manage to keep their sense of humor even on the dark days. "We have made it because of all the tenderness and chuckles we've shared these last seven years," Mary says. "It has always been about love."

On a day that seems very long ago, Mary told her children, "We'll have tomorrow." Then she learned that the future can be uncertain. "I have decided to live in the now," she says. "I can't be a good mommy yesterday. I can't even promise to be a good mommy tomorrow. But I have today. I can kiss boo boos, catch frogs, make banana muffins and give my heart and soul to those I love. I can promise to do that today." •

Andrea Gross is a contributing editor to Ladies' Home Journal.

PAPER PURGE



Sorting through piles of yellowing documents can be a daunting task—especially if you're not sure what to chuck and what to save. Give the new year a fresh, clean start by following these guidelines from Barbara Hemphill, author of the *Taming the Paper Tiger* series (Kiplinger Books).

KEEP INDEFINITELY Birth and death certificates • Custody and adoption papers • Health records • Marriage certificates and divorce decrees • Military discharge records • Tax returns.

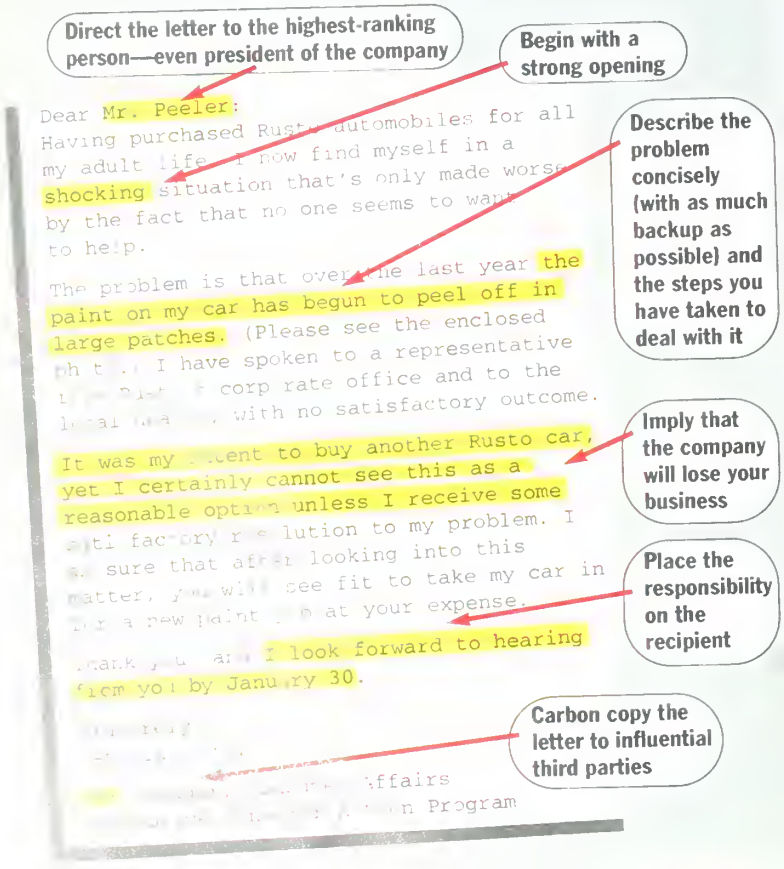
KEEP FOR A SPECIFIED TIME Auto titles and registration (for as long as you own the vehicle) • Check registers and bank statements (as needed for tax records) • Loan papers (seven years after the loan is paid off) • Pay stubs (until W-2 is confirmed by year-end statement) • Property deeds and mortgage papers (seven years after you sell the property) • Records to support tax returns: bills, receipts and canceled checks for your deductions (seven years).

TOSS IMMEDIATELY Utility-bill stubs that aren't tax-deductible • Credit-card statements (unless they contain deductible business expenses) • Expired insurance policies (although some experts suggest retaining them, in case of late claims) • Warranties, manuals and receipts for items that you no longer own.

—Arricca Elin SanSone

THE WRITE WAY TO GRIPE

Frustrated and fuming? A good complaint letter can calm you down—and get results, says Ellen Phillips, founder of Ellen's Poison Pen, Inc., and author of *Shocked, Appalled, and Dismayed!* (Vintage Books, 1999). The most effective letters, says Phillips, are polite, and include the following elements. —Sarah Smith



A Loan . . . At Last

Q I have several debts to pay off, and my monthly bills are overwhelming. I've heard of loan consolidation, but how do I know if it is a smart choice for me?

A Loan consolidation, a service offered by many loan and credit-card companies, generally combines the balance of several debts into one new, larger loan with a lower monthly payment than the individual debts combined. Paying just one bill each month may sound tempting, but this option has a major drawback: It can be more expensive, says Janet Bechman, a financial specialist at Purdue University, in West Lafayette, Indiana, because often a consolidated loan takes substantially longer to pay off and therefore costs more in interest. A better bet: Try to work out a budget so that you can pay off the individual loans without it seeming so overwhelming, Bechman says. If you simply can't afford that option, shop around and compare interest rates, provisions and penalties on at least three consolidated loans. "Know what you're getting into," says Bechman, "so you don't compound the problem you had to begin with." —S.S.

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LHJ's Healthy Family Guide

Keeping a family healthy is a big job. Staying on top of medical developments and determining which recommendations are helpful and which are nonsense takes a lot of time.

And we all know who in the family is most likely to shoulder that task: Call her Dr. Mom. Statistics show that women make the doctors' appointments, take the kids to the pediatrician, shop for cold medicines, cough syrup, pain relievers and thermometers, and dispense tissues, cold compresses and chicken soup when a loved one falls ill.

Women are also more likely to take time away from work to tend to a sick child, to deal with the family's health-insurance concerns and to select doctors. They often orchestrate the family's eating habits and may even act as stress manager.

No woman can be the family medical expert full-time, so the *Journal* helps by making it easier to stay on top of health news. Since January is a good time to rethink approaches to wellness, we're highlighting family health in this special report. First, we'll look at a disease that runs in families and is on the rise—asthma. Sadly, this underdiagnosed condition still causes thousands of deaths, despite the effective treatments available. Next, we tackle a vital family health issue: men's reluctance to go to the doctor. We've compiled a guide to some top medical conditions that strike men and the warning signs every wife should know. And finally, we look at how easy it is for a married couple to take on each other's unhealthy ways—and how teamwork can turn those bad habits around.

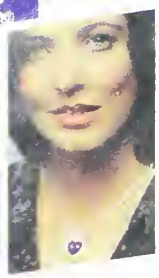
To produce this report, we examined the latest studies, we investigated current theories and we spoke to the top experts and also to real families. By doing the research for you, we hope to make the job of family-health gatekeeper a little easier. Read on—and have a healthy new year.

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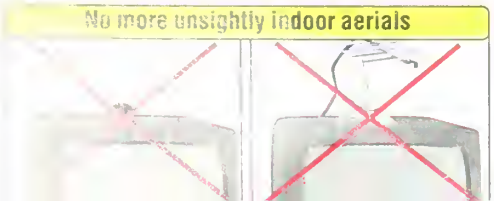
Scientific Research
strongly suggests that dust mite droppings can cause the first allergic reaction in a child that can later develop into asthma.

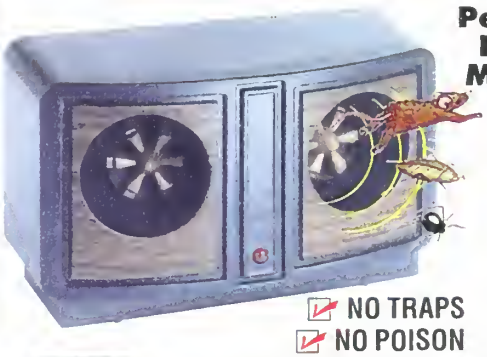
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ASTHMA ALERT!

More people are getting—and dying from—asthma, even though treatments are better than ever. Here's what you need to know about this debilitating illness By Donna Christiano

Delia Naughton, thirty-eight, was giving her dog, Sybilla, a bath one autumn day, two and a half years ago. "All of a sudden I couldn't breathe," says Delia, who lives in New York City. "I was terrified. I knew I needed help fast. I left the dog wringing wet in my apartment and went right to the hospital. All the way there, I thought I might pass out."

She had always been a little allergic to dogs, but she had bathed Sybilla many times before. At the emergency room, a doctor asked Delia if she'd ever had a problem with asthma. When she said no, they gave her a shot of epinephrine—a drug used to treat extreme allergic reactions—and sent her home when she felt better.

To this day, Delia would have dismissed the incident as just an allergy attack had it not been for the new job she landed six months later: director of Asthma Programs at the American Lung Association (ALA), in New York City. To prepare for her new responsibilities, she began reading asthma literature.

"I could answer 'yes' to a lot of the questions the pamphlets asked, like, 'Do you have trouble catching your breath in the cold or when you run?'" says Delia. "Given what I read, plus the dog incident, things started making sense. I decided to go to my doctor. I had a pulmonary function test and came home with the diagnosis of asthma."

A Deadly Disease

Unfortunately, Delia is a lot of company. According to the ALA, 14.6 million Americans have been diagnosed with asthma, 4.8 million of them children. And although no one is quite sure why, the number of people with the condition has risen alarmingly—jumping from 7.9 million in 1982 to almost double that in 1995 (the most current year for which data are available), according to the National Center for Health Statistics.

The actual number of cases is probably much higher, because asthma is often misdiagnosed as allergies, chronic colds or bronchitis. "Or the patient may have symptoms of the condition only when she's exercising, or has a respiratory infection. And when she goes to see her physician, she's fine," explains William Busse, M.D., professor of medicine and head of the Allergy Immunology section at the University of Wisconsin School of Medicine, in Madison.

Experts say this is one reason asthma deaths are on the rise. "If you have severe, untreated asthma, over time your airways may be scarred enough that no matter what drugs we use, there's no reversibility of the condition," explains Linda B. Ford, M.D., *(continued on page 73)*

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RN0417/21497509 3/98

1. Check all of the allergy-related symptoms you experience:

(a) ☐ Runny nose (b) ☐ Stuffy nose
(c) ☐ Itchy/watery eyes (d) ☐ Sinus pain
(e) ☐ Sneezing (f) ☐ Scratchy or sore throat
(g) ☐ Itchy nose
(h) ☐ Hives or itchy skin (i) ☐ Itchy palate or ears

2. During which months do you experience allergies?

(a) ☐ year round or

(b) ☐ Jan (c) ☐ Feb (d) ☐ March
(e) ☐ April (f) ☐ May (g) ☐ June
(h) ☐ July (i) ☐ Aug (j) ☐ Sept
(k) ☐ Oct (l) ☐ Nov (m) ☐ Dec

3. Rate the severity of your allergy symptoms on a scale of 1 to 10, with 1 being mild and 10 being severe:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10

mild *severe*

4. Have you used a prescription allergy medication in the last 12 months?

(a) ☐ Yes (b) ☐ No

If yes, what is your primary brand of prescription allergy medication? _____

5. Which of the following have you done in the last 12 months?

(a) ☐ Visited a doctor specifically for seasonal allergy treatment
(b) ☐ Visited a doctor for another reason and asked about seasonal allergy treatment
(c) ☐ Visited a doctor but did not ask about seasonal allergy treatment
(d) ☐ Have not seen a doctor

6. Which of the following activities do you partici in on a regular basis? *(check all that apply)*

(a) ☐ Bicycling (b) ☐ Boating/Sailin
(c) ☐ Camping/Hiking (d) ☐ Fishing
(e) ☐ Gardening (f) ☐ Golf
(g) ☐ Horseback Riding (h) ☐ Running/Jogg
(i) ☐ Scuba Diving (j) ☐ Snow Skiing
(k) ☐ Swimming (l) ☐ Tennis
(m) ☐ Walking for Health

7. Does your occupation require you to:

Drive frequently?
(a) ☐ Yes (b) ☐ No

Fly frequently?
(c) ☐ Yes (d) ☐ No

8. What is your occupation? *(please check only o*

(a) ☐ Professional/ Managerial (b) ☐ Clerical/Servic
(c) ☐ Sales
(d) ☐ Craftsman/ Machine Operator (e) ☐ Farmer/Ranch
(f) ☐ Homemaker
(g) ☐ Student (h) ☐ Retired
(i) ☐ Not Employed (j) ☐ Other

9. Do you have any children age 12 and under?

(a) ☐ Yes (b) ☐ No

10. Other than yourself, do any of the following members of your household suffer from allergi

(a) ☐ Spouse
(b) ☐ Child over 12
(c) ☐ Child 12 and under
(d) ☐ Other
(e) ☐ No one else suffers from allergies

First Name M.I.

Last Name

Street Number Street Name

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escape the limitations of seasonal allergies

Ask your doctor about a trial of nondrowsy, 24-hour CLARITIN®.

Feel better, not "medicated."

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Studies show that the incidence of drowsiness was similar to that with placebo (sugar pill) at the recommended dose. Drowsiness may occur if you take more than the recommended dose.

Experience the #1 prescription antihistamine.

CLARITIN® has been the leading prescription antihistamine worldwide since September 1994.*

CLARITIN® is well tolerated. It has a low occurrence of side effects, which occurred about as often as they did with placebo (sugar pill). Most common were headache, occurring with 12% of people; drowsiness, 8%; fatigue, 4%; and dry mouth, 3%.

Nondrowsy antihistamines, such as CLARITIN®, are available by prescription only. Notify your doctor of other medication(s) you are currently taking. Consult your doctor for important information concerning this product.

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Once-a-day

Claritin®

10 mg (loratadine)

www.claritin.com

Please see next page for additional important information.

These findings were based on a sales comparison of loratadine (US dollars) with other leading antihistamines. IMS International Prescription Audit. (September 1994 to January 1998).

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CLARITIN®
brand of loratadine
TABLETS, SYRUP, and RAPIDLY-DISINTEGRATING TABLETS

BRIEF SUMMARY (For full Prescribing Information see package insert.)

INDICATIONS AND USAGE: CLARITIN is indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis and for the treatment of chronic idiopathic urticaria in patients 6 years of age and older.

CONTRAINDICATIONS: CLARITIN is contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS: **General**: Patients with liver impairment or renal insufficiency (GFR < 30 mL/min) should be given a lower initial dose (10 mg every other day). (See **CLINICAL PHARMACOLOGY: Special Populations.**)

Drug Interactions: Loratadine (10 mg once daily) has been coadministered with therapeutic doses of erythromycin, cimetidine, and ketoconazole in controlled clinical pharmacology studies in adult volunteers. Although increased plasma concentrations (AUC 0-24 hrs) of loratadine and/or descarboethoxyloratadine were observed following coadministration of loratadine with each of these drugs in normal volunteers (n = 24 in each study), there were no clinically relevant changes in the safety profile of loratadine, as assessed by electrocardiographic parameters, clinical laboratory tests, vital signs, and adverse events. There were no significant effects on QT_c intervals, and no reports of sedation or syncope. No effects on plasma concentrations of cimetidine or ketoconazole were observed. Plasma concentrations (AUC 0-24 hrs) of erythromycin decreased 15% with coadministration of loratadine relative to that observed with erythromycin alone. The clinical relevance of this difference is unknown. These above findings are summarized in the following table:

Effects on Plasma Concentrations (AUC 0-24 hrs) of Loratadine and Descarboethoxyloratadine After 10 Days of Coadministration (Loratadine 10 mg) in Normal Volunteers

	Loratadine	Descarboethoxyloratadine
Erythromycin (500 mg Q8h)	+ 40%	+46%
Cimetidine (300 mg QID)	+103%	+ 6%
Ketoconazole (200 mg Q12h)	+307%	+73%

There does not appear to be an increase in adverse events in subjects who received oral contraceptives and loratadine.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month carcinogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (Ames) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (rat primary hepatocyte unscheduled DNA assay) or in two assays for chromosomal aberrations (human peripheral blood lymphocyte clastogenesis assay and the mouse bone marrow erythrocyte micronucleus assay). In the mouse lymphoma assay, a positive finding occurred in the nonactivated but not the activated phase of the study.

Decreased fertility in male rats, shown by lower female conception rates, occurred at an oral dose of 64 mg/kg (approximately 50 times the maximum recommended human daily oral dose on a mg/m^2 basis) and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at an oral dose of approximately 24 mg/kg (approximately 20 times the maximum recommended human daily oral dose on a mg/m^2 basis).

Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits at oral doses up to 96 mg/kg (approximately 75 times and 150 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for loratadine and descarboethoxyloratadine, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and descarboethoxyloratadine was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN is administered to a nursing woman.

Pediatric Use: The safety of CLARITIN Syrup at a daily dose of 10 mg has been demonstrated in 188 pediatric patients 6-12 years of age in placebo-controlled 2-week trials. The effectiveness of CLARITIN for the treatment of seasonal allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demonstrated efficacy of CLARITIN in adults in these conditions and the likelihood that the disease course, pathophysiology, and the drug's effect are substantially similar to that of the adults. The recommended dose for the pediatric population is based on cross-study comparison of the pharmacokinetics of CLARITIN in adults and pediatric subjects and on the safety profile of loratadine in both adults and pediatric patients at doses equal to or higher than the recommended doses. The safety and effectiveness of CLARITIN in pediatric patients under 6 years of age have not been established.

ADVERSE REACTIONS: **CLARITIN Tablets**: Approximately 90,000 patients, aged 12 and older, received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS IN PATIENTS 12 YEARS OF AGE AND OLDER

PERCENT OF PATIENTS REPORTING

LORATADINE 10 mg OD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 536	TERFENADINE 60 mg BID n = 684
1	11	8	8
1	6	22	9
4	3	10	2
3	2	4	3

Adverse events reported in placebo-controlled chronic idiopathic urticaria trials were similar to those reported in allergic rhinitis studies.

Adverse event rates did not appear to differ significantly based on age, sex, or race, although the number of nonwhite subjects was relatively small.

CLARITIN REDITABS (loratadine rapidly-disintegrating tablets): Approximately 500 patients received CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) in controlled clinical trials of 2 weeks' duration. In these studies, adverse events were similar in type and frequency to those seen with CLARITIN Tablets and placebo.

Administration of CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) did not result in an increased reporting frequency of mouth or tongue irritation.

CLARITIN Syrup: Approximately 300 pediatric patients 6 to 12 years of age received 10 mg loratadine once daily in controlled clinical trials for a period of 8-15 days. Among these, 188 subjects were treated with 10 mg loratadine syrup once daily in placebo-controlled trials. Adverse events in these pediatric patients were observed to occur with type and frequency similar to those seen in the adult population. The rate of premature discontinuance due to adverse events among pediatric patients receiving loratadine 10 mg daily was less than 1%.

ADVERSE EVENTS OCCURRING WITH A FREQUENCY OF ≥ 2% IN LORATADINE SYRUP-TREATED PATIENTS (6-12 YEARS OLD) IN PLACEBO-CONTROLLED TRIALS, AND MORE FREQUENT THAN IN THE PLACEBO GROUP

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg OD n = 188	PLACEBO n = 262	CHLORPHENIRAMINE 2-4 mg BID n = 170
Nervousness	4	2	2
Wheezing	4	2	5
Fatigue	3	2	5
Hyperkinesia	3	1	1
Abdominal Pain	2	0	0
Conjunctivitis	2	<1	1
Dysphonia	2	<1	0
Malaise	2	0	1
Upper Respiratory Tract Infection	2	<1	0

In addition to those adverse events reported above (≥ 2%), the following adverse events have been reported in at least one patient in CLARITIN clinical trials in adult and pediatric patients:

Autonomic Nervous System: Altered lacrimation, altered salivation, flushing, hypoesthesia, impotence, increased sweating, thirst.

Body As A Whole: Angioneurotic edema, asthenia, back pain, blurred vision, chest pain, headache, eye pain, fever, leg cramps, malaise, rigors, tinnitus, viral infection, weight gain.

Cardiovascular System: Hypertension, hypotension, palpitations, supraventricular tachycardias, syncope, tachycardia.

Central and Peripheral Nervous System: Blepharospasm, dizziness, dysphonia, hypesthesia, migraine, paresthesia, tremor, vertigo.

Gastrointestinal System: Altered taste, anorexia, constipation, diarrhea, dyspepsia, flatulence, gastritis, hiccup, increased appetite, nausea, stomatitis, toothache, vomiting.

Musculoskeletal System: Arthralgia, myalgia.

Psychiatric: Agitation, amnesia, anxiety, confusion, decreased libido, depression, impaired concentration, insomnia, irritability, paroniria.

Reproductive System: Breast pain, dysmenorrhea, menorrhagia, vaginitis.

Respiratory System: Bronchitis, bronchospasm, coughing, dyspnea, epistaxis, hemoptysis, laryngitis, nasal dryness, pharyngitis, sinusitis, sneezing.

Skin and Appendages: Dermatitis, dry hair, dry skin, photosensitivity reaction, pruritus, rash, urticaria.

Urinary System: Altered micturition, urinary discoloration, urinary incontinence, urinary retention.

In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine: abnormal hepatic function, including jaundice, hepatitis, and hepatic necrosis; alopecia; anaphylaxis; breast enlargement; erythema multiforme; peripheral edema; and seizures.

OVERDOSAGE: In adults, somnolence, tachycardia, and headache have been reported with doses greater than 10 mg with the Tablet formulation (40 to 180 mg). Extrapyramidal signs and palpitations have been reported in children with overdoses of greater than 10 mg of CLARITIN Syrup. In the event of overdosage, general symptomatic and supportive measures should be initiated promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

No deaths occurred at oral doses up to 5000 mg/kg in rats and mice (greater than 2400 and 1200 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). Single oral doses of loratadine showed no effects in rats, mice, and monkeys at doses as high as 120 times the maximum recommended human daily oral dose on a mg/m^2 basis.

Schering®

Schering Corporation
Kenilworth, NJ 07033 USA

Rev. 3/98 1962842

CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) are manufactured for Schering Corporation by Scherer DDS, England.

U.S. Patent Nos. 4,282,233 and 4,371,516.

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;THMA ALERT!

ntinued from page 69

esident of the American Lung As-
ciation and an allergist at The
thma and Allergy Center in Oma-
, Nebraska. In such cases, one se-
re attack can leave the patient
ally short of breath.

In 1995, there were 5,637 deaths
m asthma—more than double the
mber of deaths in 1979. The
tistics are even more alarming giv
the progress researchers have
ıde in controlling the disease. "No
e needs to die from or even suffer
h asthma thanks to the new, effec-
e treatments out there," says
hok Patel, M.D., assistant profes-
of medicine at the Mayo Medical
hool, in Rochester, Minnesota.

aiting to Exhale

ost people know asthma involves
ieezing, but don't know exactly
at the disease is. "Simply put, it is
ightening of the tubes that carry
into the lungs, and often, the ob-
uction of air passages with mu-
s," says Phillip Korenblat, M.D.,
okesperson for the Asthma and Al-
gy Foundation of America and a
ofessor of clinical medicine at
ashington University School of
edicine, in St. Louis. This pro-
ces the hallmark symptoms of
eezing, coughing, chest tightness
d shortness of breath.

During an asthma attack, air can
inhaled, but exhalation becomes
oblematic. "More specifically,
hmatic lungs can have muscle
asms, inflammation and mucus
oduction in the airways," says Ko-
ıblat. The bronchial tubes become
ısitized or "twitchy" and blocked,
pping air inside the lungs—which,
turn, limits the next inhalation.

Normal Asthma
Lung Program
Health
dangerous
asthma
or prolonged
and serious attacks
Moderate persistent
characterized by daily
full blown attacks
a week. Mild persistent
produces symptoms several times a
week, but not more than once a day.
And people with mild intermittent
asthma have symptoms two or fewer
times a week or can be completely
asymptomatic between attacks.

Theoretically, any asthma sufferer
can have a potentially deadly attack.
But generally, those with milder
forms of the disease—whose lungs
are not chronically inflamed—have
fewer life-threatening consequences.

Are You at Risk?

If you suspect your breathing prob-
lems are the result of more than a
cold or allergies, ask your doctor to
test you or see a pulmonary (lung)
allergy specialist. A device called a
spirometer is used to measure how
quickly and forcefully you can expel
air. Your doctor will also consider
your personal and family medical his-
tory. For example, if you have a cold,
your cough should last a few days in
most cases, and no more than a few
weeks; coughs due to asthma can be
more chronic.

Asthma tends to run in families,
says Patel. And the closer the relative
with asthma—say, a parent or sibling

higher
According to recent
combination with
a genetic
one more study to
the discrepancy
non-asthmatic parents
who only inhaled
family history may predis-
pose one to the disease, not all peo-
ple at risk will develop
continued

DO YOU HAVE ASTHMA?

According to the American Lung Association, asthma is frequently misdiagnosed. The following statements are used by the ALA to describe asthma symptoms. If they sound familiar to you, ask your doctor to evaluate you for asthma.

"I cough a lot while I exercise or even when I rest after exercising."
"I have shortness of breath."
"I make a wheezing sound when I breathe."
"I feel a tightness in my chest."

KIDS AND ASTHMA

Asthma is the most common chronic illness in childhood. And while rates of asthma are on the rise for all age groups, the increase is greatest in kids—up 72 percent between 1982 and 1994. Asthma accounts for more than 10 million missed school days in the U.S. each year.

Perhaps most troubling of all, many kids remain undiagnosed and thus are at a high risk of complications. To determine whether your child has asthma, watch for the following symptoms. If you notice one or more, head to the pediatrician—a painless pulmonary function test (blowing as hard as you can into a spirometer) can usually provide a diagnosis. If chronic sinusitis is suspected as the asthma trigger, a sinus X ray may be done as well.

Watch for:

- **Frequent coughs or constant respiratory infections, such as pneumonia or bronchitis.**
- **An infant who seems to breathe rapidly or have a rattling cough (a wheezing sound might not be audible until a child is 18 to 24 months old).**
- **Coughing after running, crying, laughing or yelling.**
- **Night coughs (asthma often worsens at night).**
- **Irritability that may be due to difficulty breathing.**
- **Chest tightness and shortness of breath could be caused by asthma or other respiratory problems. Testing will identify which is responsible.**

asthma. "There needs to be a trigger, something in the environment that sets the process going," notes Richard L. Wasserman, M.D., Ph.D., director of the immunology clinic at Children's Medical Center of Dallas. The first attack occurs when underlying inflammation reaches a critical level because of increased irritation. In persistent asthma, the cycle continues: Subsequent exposure to a trigger causes another attack, leading to more inflammation and heightened susceptibility.

One common asthma trigger is allergies—to mold, dust mites, pollen, animal dander and cockroaches,



among other things. "The allergic reaction causes the release of chemicals—things like histamines and leukotrienes—which create inflammation, mucus production and asthma symptoms, such as wheezing," says Korenblat. "An estimated ninety percent of children with asthma have it because of allergies, while about fifty percent of adults do."

Cindi Cox, a forty-year-old preschool teacher in Fort Collins, Colorado, is one of them. She had her first asthma attack last February while a co-worker was sweeping a dusty floor; the second one occurred only a week or so later while she was sitting in a smoky restaurant. Both landed her in the emergency room. "I could breathe in, but I couldn't breathe out," remembers Cindi, a mother of four. "I was panicked. I felt like I could die at any moment." Doctors gave her albuterol, a drug that helps relax constricted airways. "I'm slowly getting better," says Cindi, who still uses albuterol as needed. "Back then, I was having two to three attacks a day. Now, thanks to the treatments, I hardly have two a week."

Another trigger is a respiratory infection, which can cause the release of chemicals into the airways, making them more reactive.

For many people, exercise or cold air can also set off an attack. Experts say both situations cause us to breathe in through our mouths instead of pulling air through the warming environs of our noses. The lungs get air that is cooler and drier than our body temperature, and in airways that have some predisposition to twitchiness, that cool air is likely to trigger an attack.

Even hormones may play a role. "There are women whose asthma gets worse just before and during their menstrual period," says Korenblat. "Anecdotal evidence also suggests that hormone replacement therapy in postmenopausal women may increase asthmatic episodes."

That hormonal connection may explain the findings of a recent British study, in which the prevalence of wheezing and asthma was greater in boys—up until about the age of twelve, when asthmatic girls began to outnumber them.

Breathing Easier

Luckily, just as asthma can worsen, the cycle can be reversed and symptoms can wane. For example, some people with asthma outgrow the disease as they become less sensitive to their triggers. The problem also may be alleviated by lifestyle changes. "Young children are active and outside a lot more than older ones," says Ford. "Once they become teens, they spend a lot of time inside at their schools and homes and jobs." With decreased exposure to triggers, such as pollen, sensitivity can decrease.

Another spur to improvement is growth. Because airways continue to grow for the first ten to twelve years of life, about 25 percent of asthmatic kids will become asymptomatic once they hit their teen years. But, for unknown reasons, many kids (especially boys) who have a remission of their asthma around puberty go on to experience a recurrence in their twenties or thirties.

A lot also depends on the severity of the disease. "Fifty percent of kids with mild asthma don't have symptoms twenty years later," says Ford. "But eighty percent of those with moderate to severe asthma do."

"Unless you treat the inflammation, the disease will persist," says Busse. "A lot of people are under the impression that asthma is an episodic disease, meaning *(continued)*

"No one needs to die from asthma or even suffer with asthma thanks to new, effective treatments"

ASTHMA AND PREGNANCY

The 7 percent of pregnant women who suffer from asthma face a dilemma: Which is riskier—asthma medications or leaving the disease untreated? A new initiative from the American College of Allergy, Asthma & Immunology, in Arlington Heights, Illinois, attempts to provide helpful information for mothers-to-be. Uncontrolled asthma can potentially cause harm to both the mother and the fetus. For more information, contact the ACAAI at 800-842-7777 or *http://allergy.mcg.edu.*

THE YUCK STOPS HERE.



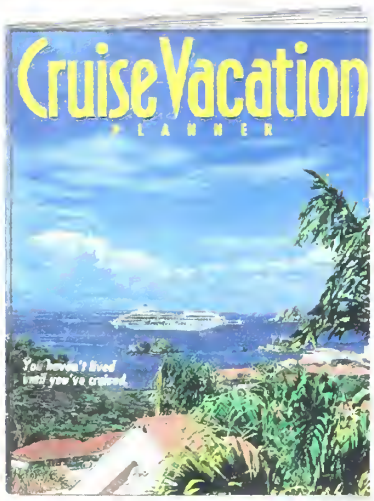
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is even better at handling your yuckiest colds.

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that once you treat the attack, you're fine." This misunderstanding is coupled with a reluctance to use some asthma drugs because of the fear of side effects. The result is treatment plans that are not aggressive enough to reduce chronic inflammation or, in too many cases, to prevent death. The mortality rates and the number of emergency-room visits have been decreasing in Northern Europe, where these drugs are prescribed more liberally than in the U.S.

"Besides the fact that you could die from the disease, there's a very real possibility that uncontrolled, lifelong asthma can lead to irreversible changes in the airways," says Patel. "Over time, the airways become so scarred, they simply won't respond to medication. It's what we call x obstruction.'

"Health-care providers must w with patients to educate them ab the right drugs and the right do With proper medication and trig control, there should be fewer com cations and no fatal attacks," he sa

For asthma sufferers, the medi bring more than physical relief. T also bring peace of mind. "I feel better knowing I have drugs t work," says Cindi Cox. "I know I won't completely stop breath and that keeps me from panic when an attack strikes."

Treatment starts with a defe approach: First, you must deter your triggers so you can try to a them as much as possible s "Trigger-Proof Your Life," be To suppress allergy symptoms, do

TRIGGER-PROOF YOUR LIFE

Prevention is key, because asthma is a progressive and potentially fatal disease. If you have breathing problems, even occasionally, it's helpful to target the triggers that cause symptoms and attacks.

Because inhaled allergies are the most common trigger, many asthmatics find some relief from reducing dust mites, pollen and animal dander from their environs. Here, a guide to reducing allergens at home.

• Remove as much upholstered furniture and carpeting as possible. Once or twice a week, clean all floors with a vacuum equipped with a HEPA (high-efficiency particulate air) filter or a double bag, then wet-mop uncarpeted floors. Wear a mask if you're doing the cleaning. Dust surfaces at least two times a week—or better yet, have someone else do it for you.

• If possible, remove any animals (including birds) from your home—or at least keep furry pets outdoors and delegate someone to give them weekly baths.

• Don't smoke— and ask others not to smoke in your home. Avoid fumes from fireplaces, wood-burning and kerosene stoves, etc.

• Reduce mold and dust mites. Cover mattresses and pillows with airtight, hypoallergenic covers; wash sheets, blankets and children's toys weekly in hot wate Use air-conditioning or a dehumidifier to reduce humidity levels to less than 50 percent. Clea all bathroom and kitchen surfaces weekly with a solution of one part bleach to twenty parts water.

• Make your home unfriendly to roaches. Keep food and garbage tightly sealed. If you need to exterminate, choose poison baits and traps over irritating sprays.

• If you spend any significant time outdoors during allergy season (e.g., gardening, at a picnic), as soon as you get home, remove you clothes, shower and wash your hai

• Avoid cold-weather exercise problems. Work out indoors or wea a scarf over your mouth to warm a on cold days. Do a five- to ten-minute warm-up and cooldown—both reduce airway twitchiness.

y prescribe daily antihistamine
sal steroids or decongestan
ekly desensitization shots may b
d to lessen the allergic reaction.
Next, the offensive approach: medi
on. Two types of drugs are used to
prove air flow—anti-inflammatories
reduce the causes of obstruction,
l bronchodilators to relax the air-
ys. The choice of drug and its
e depends on your asthma's per
ence and severity. "Everyone
uld have a quick reliever, like a
rt-acting bronchodilator, to get
m out of trouble should they have
attack," says Korenblat. Often,
ients also take a long-term con-
ler to help prevent attacks. (A re-
t survey by the ALA found that
percent of parents of asthmatic
dren and 73 percent of adult pa-
its did not understand the differ-
e between the two types of drugs.)
That's where the treatments might
for someone like Delia Naughton,
o has mild intermittent asthma.
h her dog now living at her par-
's home, she tends to have attacks
y near animals and when she
s, particularly in cold weather.
people with more persistent asth-
need medications that lessen the
ammatory response in the airways,
s Korenblat. Some choices might
inhaled cromolyn sodium, an in-
ed corticosteroid, or, in some se-
e cases, oral steroids. The latest
lition to the asthma arsenal is an-
ner type of daily preventive,
kotriene modifiers, which help
nt the reactions known to cause
hma: They block the effect of
kotrienes, molecules produced in
ponse to an allergen such as cat
nder; these molecules help cause
inflammation, bronchial constric-
n and mucus production that ob-
ict the airways.
Patients may try many approaches
ore getting their asthma under con-
. Some medications provide relief
also may cause unacceptable side
cts. For example, bronchodilators
cause jitteriness and a rapid heart
e. Oral steroids, like Prednisone,
cause weight gain and increase
ur chances of developing diabetes,

[illegible] provide more options. These medications interfere with the [illegible] known as arachidonic acid, which stimulates production of the chemicals that irritate the airways. Bronchodilators that also have anti-inflammatory properties are being developed, and researchers are just beginning to investigate gene therapy, with the hope of altering the genes that regulate asthma.

Also, because the available medications can be so difficult to tolerate, there is some research on alternative treatments. Meditation, yoga, herbal therapies and other natural remedies have been touted as helpful, based on some research studies as well as much anecdotal evidence. In a new study from the University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School, in New Brunswick, patients who used biofeedback to control their breathing for forty [illegible] days were able to decrease [illegible] Researchers believe that slower, deeper breathing can relax the lungs and improve other [illegible] symptoms.

Specific studies have reported mixed results [illegible] linked to asthma symptoms. Vitamin C may have a protective effect [illegible] exercise-induced asthma, and the consumption of oily fish may lower the risk of developing childhood asthma.

Yet despite the literature, some experts aren't completely sold on the diet-influencing-asthma idea. "So much out there is based on really thin data, that right now I wouldn't make any nutritional recommendations other than eating a well-balanced diet," says Wasserman. Of course, if you have a strong family history of asthma and serious allergies, it couldn't hurt to make sure you eat healthy amounts of vitamin C and fish to hedge your bets.

With proper treatment and trigger control, asthma need not prevent you from being active. "You may have to take medicine, but you can live a normal, full life," says Ford. •

Donna Christiano is a frequent contributor on health and medical topics.



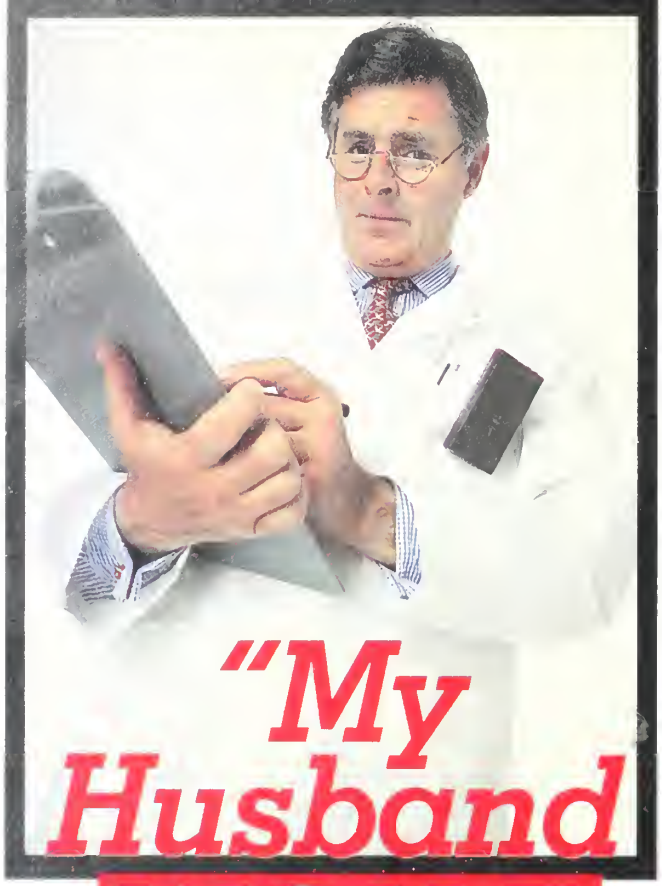
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The Physician's Desk Reference Family Guide to Prescription Drugs is an electronic book that contains listings for over 850 brand-name and generic drugs. Search alphabetically for a brand or generic name (typing the first few letters will generally get you to the correct spot). The Guide's valuable information includes correct pronunciation, generic name, other brand names, common prescribed uses, dosing information, storage instructions, potential side effects, special warnings, food and drug interactions, dosages (adults and children), overdose symptoms, and other important facts. You can also look up symptoms, diseases, treatments and drugs from A to Z.

Complete with instructions and two lithium batteries, the pocket-size guide features a screen display with selectable type sizes (including large type). From Franklin Electronic Publishers, the guide measures 4¾x3⅜x⅝ inches and weighs less than 4 ounces. The price is $49.95, *which includes shipping, handling, and applicable sales tax.* Please order early; quantities of this item are strictly limited, and we process orders on a first-come, first-serve basis.

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"My Husband WON'T Go To The Doctor"

A women's guide to men's health

By Linda Marsa

When her thirty-nine-year-old husband, Mark, suddenly dropped about thirty pounds, Dori Thornhill was concerned. Despite a string of scorching summer days, he felt cold all the time; he had no appetite; his once-buoyant personality was subdued. In the evenings, he'd come home from his computer programming job and just collapse.

"He's six feet tall and weighed less than one hundred and thirty pounds," says Dori, a thirty-six-year-old mother of two who heads her own marketing company in Austin, Texas. "He looked terrible. I begged him to go to the doctor. But he kept insisting it was all due to stress."

After about five months, Mark agreed to see his physician, who diagnosed depression and prescribed Prozac. But the medication didn't help. "By this time, my husband was convinced it was all in his head, and he didn't want to see any more doctors," recalls Dori, who was getting frantic. Eventually, she blew up and dragged Mark to a physician who was highly recommended by their friends. The new doctor determined that Mark's thyroid had completely shut down and put him on thyroid-replacement therapy. His health is vastly improved. "I got my husband back, and our kids have a father again," says Dori. "Thank goodness I kept pushing Mark to go to the doctor."

Unfortunately, Dori Thornhill's story is far from unique. It may seem unfair, but safeguarding a man's health is often his wife's job. Women tend to make the appointments and nag their husbands to see a doctor.

The numbers tell the story. Only 60 percent of men get a checkup every year, and almost 10 percent haven't set foot inside a physician's office since Ronald Reagan occupied the White House. Perhaps these numbers explain why women live an average of almost seven years longer than men. "Women are experienced health-care consumers, and they know how to deal with doctors," says Kenneth Goldberg, M.D., medical director of the Male Health Institute at Baylor Health Center, in Irving, Texas, and author of *How Men Can Live as Long as Women* (The Summit Group, 1993). "Men simply don't."

A 1995 nationwide survey of 1,500 physicians, conducted by the Men's Health Network, a nonprofit educational organization based in Washington, D.C., uncovered an array of reasons that most men have to be dragged to the doctor: They are more uncomfortable than women about discussing their health problems; they prefer to tough it out when they're sick; and worst of all, they wait until they are really sick before seeking help, so the news they get is often not good.

Daniel Jones's reaction to suddenly finding a mole on his arm at age thirty-five is another case in point. "I was very concerned," says his wife, Cathi Hanauer, a thirty-six-year-old writer and mother of two in New York City. "He's fair-skinned, he grew up in Arizona, and he was a ski instructor for a while—so he was constantly exposed to the sun. But he didn't want to go to the doctor." One night, however, Dan spent five hours on the Internet, downloading all the information he could find about skin cancer. "He woke me up in the middle of the night, convinced he had cancer," says Cathi. Fortunately, Dan's mole was benign.

The great irony is that some of the most common medical problems men face as they *(continued)*

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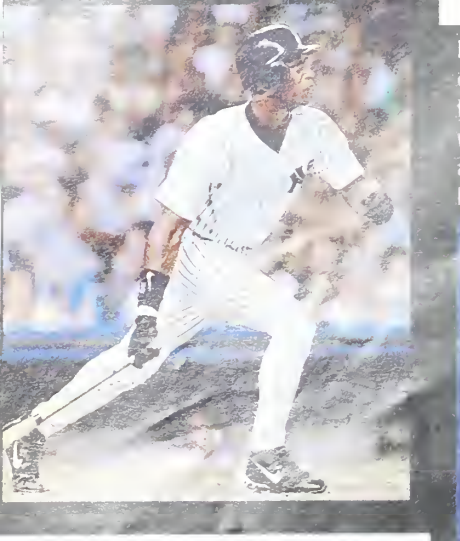
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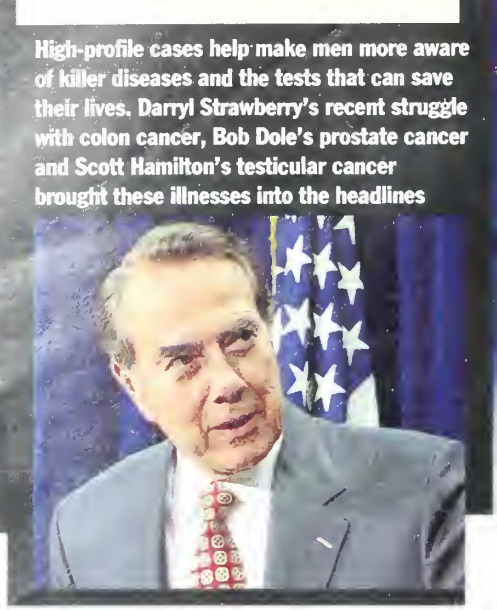
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High-profile cases help make men more aware of killer diseases and the tests that can save their lives. Darryl Strawberry's recent struggle with colon cancer, Bob Dole's prostate cancer and Scott Hamilton's testicular cancer brought these illnesses into the headlines

age—like heart disease—can be cured or at least controlled if caught early enough. What's more, many of these ills, such as diabetes, are partly the result of unhealthy lifestyles or may be exacerbated by stress, which means they can be controlled by adopting better habits. To help your spouse stay healthy, we've compiled a quick guide of the latest statistics, diagnostics and treatments for the deadly diseases your husband might encounter, based on some of the top illnesses that strike men. Read it yourself—then show it to him.

Heart Disease

Who gets it: Coronary heart disease (CHD) is the nation's number-one killer. More than six million men under the age of sixty-four—roughly a third of whom are younger than forty-five—suffer from it. Risk factors include smoking, high blood pressure (above 140/90), borderline or high blood cholesterol levels (LDLs above 160 mg/dL, or HDLs below 35 mg/dL) and a sedentary lifestyle. Obesity, diabetes or a family history of heart disease also make a man a prime candidate.

Symptoms: Chest pain or shortness of breath are often the earliest signs of CHD in men. Other warning signals: a feeling of heaviness, tightness, pain, burning, pressure or squeezing, usually behind the breastbone but occasionally in the arms, neck or jaws. However, some people have heart attacks without ever having symptoms beforehand.

Diagnosis: Cholesterol and blood-pressure tests should be done regularly. An electrocardiogram (EKG or ECG) can detect abnormal heartbeats, heart enlargement, and areas of damage and inadequate blood flow. A stress test (or exercise ECG) can find problems that crop up only when the heart is working hard. Coronary angiography, a procedure in which a thin tube is threaded through the artery of an arm or a leg and on into the heart, can find blockages. Nuclear scanning, which uses an injection of radioactive material to provide an image, can pinpoint damaged areas of the heart.

Treatment: "Unfortunately, for about a third of the people who have heart attacks, their first attack is fatal," says Michael H. Criqui, M.D., M.P.H., a professor of family and preventive medicine at the University of California, San Diego. So prevention is key.

For many men, lifestyle changes coupled with medication can halt the progress or even significantly reverse the disease, and reduce the risk of a heart attack. Overweight men who shed pounds can cut their blood cholesterol and blood pressure levels. Quitting smoking, eating a diet low in fat and getting a moderate amount of exercise can dramatically reduce death rates from CHD.

A number of medications can help prevent heart attacks in those at high risk. Beta blockers and calcium-channel blockers can ease the workload on the heart and lower blood pressure, often reducing chest pain. Aspirin and other anticlotting agents also may help to keep blood flowing freely. However, angioplasty or a bypass operation may be required to ease severe blockages in coronary arteries.

Diabetes

Who gets it: It's estimated that 7.5 million American men have diabetes, although more than 2 million remain undiagnosed. The body normally produces insulin to control blood-sugar levels (all foods are metabolized into blood sugar). Type 1 diabetes is characterized by the destruction of insulin-producing cells in the pancreas. The far more prevalent type 2 diabetes occurs because the body fails to produce enough insulin and use it properly. Diabetes hits minority groups the hardest, especially African-American, Native American, and Hispanic American populations. People who are obese are three times more likely to develop type 2 diabetes than those at healthy weight levels.

Symptoms: Excessive thirst, frequent urination, extreme hunger, fatigue and sudden weight loss. Other warning signs include: repeated or hard-to-heal *(continued on page 84)*



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WHEN TO GO TO THE DOCTOR
...from page 80

infections of the skin, gums or bladder; blurred vision; tingling or loss of feeling in the hands or feet; and dry, itchy skin.

Diagnosis: A blood glucose test can determine whether there is too much sugar in the blood. New guidelines call for testing of all adults for diabetes starting at age forty-five. And the benchmark for a diagnosis of diabetes was lowered from 140 mg/dL to 126 mg/dL.

Treatment: A recent British study indicates that for type 2 diabetics, tight controls on glucose and blood-pressure levels could cut long-term risks of blindness and kidney damage by at least 25 percent. Type 2 diabetes can often be controlled through exercise and a special diet. Some people also need medicine, either diabetes pills that help the body metabolize glucose or insulin shots.

Prostate Cancer

Who gets it: "This is the most common cancer in men," says Harmon Eyre, M.D., executive vice president for research and medical affairs of the American Cancer Society (ACS), in Atlanta. "And for men who don't smoke, it is the most common cause of death by cancer."

More than 75 percent of all prostate-cancer cases are in men over sixty-five. The incidence rates are nearly two times higher for African-Americans than for Caucasians. Recent research also suggests that an inherited predisposition may account for 5 to 10 percent of cancers. A high-fat diet may also contribute to the development of the disease.

Symptoms: Problems with urination—inability to urinate, difficulty starting or stopping, pain or burning upon urination, weak or interrupted urine flow, or blood in the urine. In more advanced cancers, there can be continuous pain in the lower back, pelvis or upper thighs.

Diagnosis: Prostate cancer is diagnosed by a digital rectal exam, which is performed manually by a urologist. A prostate-specific antigen (PSA) blood test can detect elevated levels of PSA, a protein produced by the prostate. ACS guidelines suggest getting a baseline PSA reading by age fifty for comparison. A PSA level higher than four is followed up by a biopsy to confirm the diagnosis. However, one study found that 22 percent of men with PSA levels between 2.6 and 4 had cancer. Ask the doctor about a biopsy for confirmation if your husband's test results are in this range.

Thanks to widespread screening, 58 percent of men with prostate cancer are now diagnosed at an early, low-risk stage.

Treatment: Prostate cancer is slow growing. Consequently, therapeutic options depend upon the age of the patient and the severity of the cancer. In men who are seventy or older and have small tumors, watchful waiting—that is, doing nothing—rather than invasive surgery, is often advised. For younger men with localized cancers, surgery to remove the tumor or radiation is the standard treatment.

A recent study evaluated the top three treatments. For men with low-risk cancers, the best option seemed to be the implantation of radioactive seeds into the cancerous tissue. "This doesn't have the side effects, such as incontinence, that we see with surgery, and patients seem to do equally well," says the lead researcher, Anthony V. D'Amico, M.D., Ph.D., chief of prostate cancer service at Brigham and Women's Hospital and Dana Farber Cancer Institute, in Boston. Nevertheless, he cautions, "these results are promising, but not conclusive."

Once the cancer has metastasized, suppressing the production of the testosterone, which fuels cancer growth, can control the disease for long periods by shrinking tumors. Newer chemo drugs, such as Taxol, may lengthen survival for late-stage patients for *(continued)*

The Tests Men Need

Here is a quick guide to the recommended screening tests for all men. Personal medical history, family history and other risk factors may influence the schedule. "Men should also do periodic self-examinations for obvious changes and monitor themselves for symptoms," says Kenneth Goldberg. Self-exams should include checking the testicles for lumps and the skin for any changes. Other tests, such as the thyroid-function blood test Mark Thornhill needed, can be determined based on symptoms. Do not assume such tests are included in a standard blood workup—they are not. —L.M.

30s

Every year: blood-pressure check

Every three years: physical exam, including blood and urine tests for cholesterol levels, blood sugar, anemia and other chronic problems

Every five years: tuberculosis test

40s

Every year: blood-pressure check, digital rectal exam, fecal occult blood test

Every two years: physical exam, including blood and urine tests

Every three years: EKG (if high risk), blood glucose test starting at age forty-five

50s

Every year: physical exam, with blood and urine tests; blood-pressure check; digital rectal exam; PSA test; fecal occult blood test

Every three years: EKG, sigmoidoscopy, colonoscopy (if high risk), blood glucose test



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...nom hormone therapy is no longer working, says Peter T. Scardino, M.D., chief of urology at Memorial Sloan-Kettering Cancer Center, in New York City.

Colorectal Cancer

Who gets it: Experts estimated that 65,000 men would be diagnosed with colorectal cancer in 1998, and an estimated 28,000 men would die of the disease. Colorectal cancer usually doesn't surface until after the age of fifty, although the precancerous polyps may have been forming for more than a decade. Risk factors include a personal or family history (either a parent, sibling or child), or an inflammatory bowel disease, such as chronic ulcerative colitis. Recent research also suggests there may be a link between colon cancer, a sedentary lifestyle, and a high-fat and low-fiber diet. A high-fiber diet produces bulky stools, which may rid the intestines of carcinogens.

Symptoms: Abdominal pain, weakness, fatigue, weight loss, bloating, rectal bleeding, blood in the stool or a marked change in bowel habits—either constipation or diarrhea. Screening is paramount. "Once symptoms have developed," warns Robert C. Kurtz, M.D., chief of the gastroenterology and nutrition service at Memorial Sloan-Kettering, "the chances are good that the disease is already advanced."

Diagnosis: A doctor will perform a digital exam of the rectum to feel for abnormal growths. In addition, a fecal occult blood test can detect the presence of blood that's not visible to the naked eye in stool samples, though a microscopic amount of blood doesn't automatically mean a person has colon cancer. Sigmoidoscopy, which examines the rectum and the lower colon through a viewing tube, should be done every three to five years beginning at age fifty (or younger for people at high risk).

The diagnosis is confirmed using a ...scopy (which views more of ... than sigmoidoscopy) or a lower gastrointestinal (GI) series (a barium enema that outlines the large intestines on an X ray). Any polyps discovered are removed and sent to a pathologist to check for cancer.

Treatment: Surgical removal of cancerous tissue is the most common therapy, and it can be curative for cancers that haven't spread. For cancers that have migrated to the lymph nodes or penetrated the bowel walls, chemotherapy, radiation or both may be given to patients to shrink their tumors before and after surgery. Thanks to advances in surgical techniques, a permanent colostomy (which is the creation of an abdominal opening for elimination of body wastes) is usually not needed.

Testicular Cancer

Who gets it: Testicular cancer most commonly strikes men between the ages of fifteen and thirty-five, but it can strike any adult male. Experts expected that 7,600 would be diagnosed with the disease in 1998, and an estimated four hundred men would die from it.

There are two main types of testicular cancer: seminomas, usually found in men between the ages of thirty and fifty, and non-seminoma cancers, which tend to develop earlier, usually in men in their twenties. Seminomas grow more slowly than non-seminomas and usually don't spread. So a seminoma case generally has a better prognosis, although both types are quite curable.

White American men have four times the risk of African-American men. A brother with the disease is also an indicator of risk. But the main risk factor for testicular cancer is a condition called cryptorchidism, or undescended testicles, which occurs in about 3 percent of boys at birth. About 14 percent of testicular cancers occur in men with a history of this disorder.

Symptoms: A painless lump on a testicle, or testicular swelling. Men may also experience a sensation of heaviness or aching in the lower abdomen or scrotum. In rare cases, they may experience breast tenderness or enlargement. Lower back pain is common in late-stage cases. However, some men with testicular cancer have no symptoms at all, and are diagnosed during checkups.

Diagnosis: If a man comes in with a lump, his doctor will first rule out bacterial infection. Other disorders, such as cysts, are rare, so most lumps in the testicles are cancerous. Blood tests can often detect tumor-marker proteins that may be present in abnormal amounts. To make a definitive diagnosis, the affected testicle is removed—a procedure called inguinal orchiectomy—in order to obtain a tissue sample. A surgeon won't remove just part of the testicle because cancer cells could be released into the surrounding tissue.

To determine if the cancer has spread, most patients will have an ultrasound screening and CAT scan of various sections of the body. "Even this can be a fast-growing cancer and can escalate in a few months," says George J. Bosl, M.D., chairman of the department of medicine at Memorial Sloan-Kettering. "If you feel a lump, don't wait around—get to a doctor fast."

Treatment: Both types of testicular cancer are 90 percent curable if detected early enough. In such cases, non-seminomas can be treated with surgery, which usually entails the removal of the testicle and some of the lymph nodes in the abdomen. Early-stage seminoma tumors normally require surgical removal of the testes along with external beam radiation to the lymph nodes of the abdomen. With either type, if the cancer has spread, chemotherapy is generally used. ●

RESOURCES

Contact the following organizations for additional information.

American Cancer Society at 800-227-2345 or *www.cancer.org*

American Diabetes Association at 800-342-2383 or *www.diabetes.org*

American Foundation for Urologic Disease at 800-242-2383 or *www.afud.org*

American Heart Association at 800-242-8721 or *www.amhrt.org*

National Cancer Institute at 800-422-6237 or *www.nci.nih.gov*

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Is Your Marriage Bad for Your Health?



Since their wedding day eleven years ago (below), Randy and Andrea Wilkison gained a combined 105 pounds

After a decade of encouraging each other's worst habits, one couple vows to change for the better together

By Sharlene K. Johnson



When Andrea and Randy Wilkison said their vows in 1988, the energetic twenty-year-old college students were the picture of health. Andrea stayed slim on a low-fat, mostly vegetarian diet; Randy was in top shape, thanks to daily workouts and playing sports with his friends.

Ten years, three kids and a combined 105 pounds later, the Wilkisons' good health habits were long gone. For the most part, they had only each other to blame. "My healthy eating ended the first time he wanted to order pepperoni pizza," says Andrea, now a thirty-one-year-old high-school teacher in Laramie, Wyoming.

As his family grew, Randy, also thirty-one and an employee of Laramie's Parks and Recreation Department, cut back on his workouts. Andrea, like many women, had a hard time losing weight. And though she rarely got sick, she was perpetually exhausted.

Considering the history of diabetes, high blood pressure and cancer in both sides of their family, the Wilkisons knew they needed to get serious about a healthier lifestyle—and to become better role models for their kids, Amanda, ten, and sons Kelby, seven, and Brady, five. Just as marriage had been their diet downfall, they decided, it could also be their savior. Says Andrea, "We have to do this together."

Time for a Change

Last May, the couple drove to nearby Fort Collins, Colorado, for their first appointment at Health Bridge, a wellness center that emphasizes preventing medical problems. Randy and Andrea had already filled out questionnaires for a computerized health-risk assessment, as well as dietary recall sheets noting everything they had eaten in the last three days.

Complete physicals were first on the agenda. Though Andrea's general health was good, her cholesterol level put her in the high-risk range for heart disease. Randy was shocked by his first blood pressure reading, 164/92 (hypertension is defined as a pressure of 140/90 or above). Subsequent tests were lower, but still not ideal, which meant he was at risk for heart disease and stroke.

The computerized appraisal gave them additional goals: losing weight, eating more fruits and vegetables as protection against cancer, and getting plenty of exercise. Over the next few months, the Wilkisons met several times with experts at the clinic to discuss ways to reach those goals.

Food for Thought

Registered dietitian Ingrid Skoog, M.S., R.D., now in *(continued)*



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2 in 1 Shower Gel and Body Lotion
Cleanses, moisturizes & softens in one easy step
#10 Normal Skin
#11 Dry Skin



reg $7.95
INTRO PRICE $2

#12 Rose Shower Gel
LES JARDINS DU MONDE
Enjoy the soft scent of Moroccan Rose while pampering your skin

reg $6.95
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#13 Soothing Bath Oil with Lavender
A potent stress reliever. Nurtures your senses to fully revive your body



reg $13.95
INTRO PRICE $4

best-seller

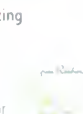
#14 Body Lotion
HAMAMÉLIS
Replenishes moisture with Witch Hazel water to leave skin feeling soft. Gentle for the whole family.



reg $7.95
INTRO PRICE $3

new

#15 Moisturizing Hand Cream
ARNICA
Keep skin soft and supple. Non-greasy formula soaks in quick for all-day effectiveness



reg $3.95
INTRO PRICE $2

#16 Lavender Foot Cream
Cool and comfort tired, aching feet with the essence of lavender



reg $6.95
INTRO PRICE $2

best-seller

#17 Eau de Toilette
MING SHU
This scent will leave you feeling sweet and delicate. For today's women in search of serenity



reg $14.00
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new

#18 Highlighting Shampoo with Camomile
Intensifies hair's natural shade, adds golden highlights.



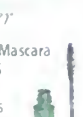
reg $7.95
INTRO PRICE $2

2 in 1 Shampoo/Conditioner
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#19 Dry Hair
#20 Fine Hair
#21 Permed Hair
#22 Normal Hair



reg $7.95
INTRO PRICE $3

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TRUE COLORS
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reg $9.95
INTRO PRICE $3
#23 Noir
#24 Chocolat Noir

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INTRO PRICE $3
#25 Mauve Heather
#26 Burnt Caramel
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practice, analyzed a typical day's diet for the Wilkisons. Randy usually topped off his big bowl of Cap'n Crunch with a mid-morning trip to Hardee's for hash browns and a sausage-and-egg biscuit, then had two turkey sandwiches for lunch. Andrea ate Cheerios in the morning, a sandwich or pizza and a diet cola for lunch, then chips or a granola bar in the afternoon. Several times a week, the family ate out, favoring fast-food restaurants. Randy also admitted to late-night runs for burgers or candy bars. "Usually I'm not even hungry," he said. "Those ads on TV get to me."

Skoog was quick to point out that Andrea's fatigue could be due to a lack of water. Dehydration can cause drowsiness, especially between two and four P.M. She should aim to drink more water.

Eating protein at breakfast would keep the Wilkisons from feeling hungry later on; protein breaks down more slowly than carbohydrates, and it provides a longer energy boost. Skoog suggested toast with peanut butter.

The Wilkisons' total fat consumption was high—his diet was 36 percent fat; hers, 34 percent. Randy's favorite fast-food biscuits were a major culprit; changing just that one snack to, say, an egg-substitute omelet with a little ham and cheese would bring his fat intake closer to the 25 percent Skoog recommended.

The Wilkisons were missing out on certain nutrients: vitamins B_6 and E and potassium for Andrea, and vitamin C for Randy. They both could use more folate, too. Such a deficiency of folic acid has been implicated in coronary artery disease. While supplements could help make up the difference, Skoog explained, the nutrients from foods such as fresh fruits and vegetables are better absorbed by the body.

Finally, Skoog asked Andrea not to weigh herself at home. "Focus on the process, not the goal," she said.





To stay in shape, Randy plays basketball with the kids, while Andrea takes long walks

Before starting on their new health program, Randy used to make late-night runs for burgers or candy bars. "Those ads on TV get to me," he admitted

Active for Life

Gwen Sieving, the clinic's health educator, counseled Randy and Andrea to concentrate on building a solid base of activity they could maintain for the rest of their lives. "I want you to find ways to put more steps in your day and to rethink what it means to be active," she said. "The key is to keep figuring out new ways to work in activities you enjoy."

Sieving asked Randy and Andrea to keep an activity calendar, writing down everything from housecleaning to yard work. "It's important to give yourself credit for every little thing you do," she said. She pointed out that Randy does walk several miles every day in the course of his job.

Getting out the door was the couple's toughest problem. "Tell yourself, 'I'll just go for ten minutes,'" Sieving advised. "You know you're tricking yourself, but you'll end up going longer."

Making It Work

While the Wilkisons' new lifestyle didn't become second nature overnight, they stuck with it. The family still enjoys an occasional fast-food burger, but they've found other restaurants they like, too. "The kids love salad bars," Randy says. "They like making their own choices." In fact, Skoog notes, research has shown that children tend to make healthier food decisions when they have lots of options.

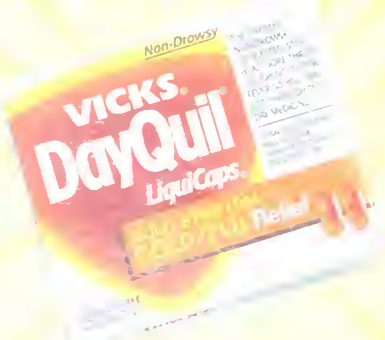


The entire Wilkison family has learned to make healthier choices

When the family does eat *(continued)*

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, they stop when they feel full ing vegetables or salad as appeti allows them to feel satisfied with ll portions of richer main courses t home, Randy and Andrea plan ir dinner menus a month at a e, and post them on the refriger r. "Whoever gets home first ws at a glance what to start king," says Andrea. Not only , the family's new eating plan even saved them money. They d to spend $317 per month at aurants, as compared to $268 on eries. "Now we're averaging only ety dollars per month eating ," says Randy. "Our grocery bill ist a little higher than it was."

Randy did slip back into his old h-sugar breakfast habits for a few s, but he soon got back on track. hen I don't have any protein at kfast, I can really tell the differ- e," he says. "I've also noticed I feel sort of sluggish when I eat much fat."

s for physical activity, the pair a complete turnaround. Once dy realized how much daily walk- he did, he felt better about his rcise habits, which led him to up the pace at work. He also ds up friends for racquetball and tball games.

In the past, exercise was torture, a way to lose weight," Andrea . "Now I've found something I do because I enjoy it. I feel so h more relaxed after I get home a walk."

The experts at Health Bridge are lled with the family's progress. dy's blood pressure was down to ut 146/90 at his last counseling ion—still mildly elevated, but it uld continue to drop if he keeps the good work. (Bruce Cooper, D., M.S.P.H., the center's medi- director, typically gives patients Randy six months to a year of roving their diet and exercise its before resorting to medica- n.) Andrea's blood pressure, htly elevated at the start, also pped to within normal limits.

Today, Randy and Andrea are feeling healthier, trimmer and more energetic. By the end of their counseling sessions, Randy had lost fifteen pounds. While Andrea had lost only eight, she has a smart long-term perspective. "If I were dieting the old way, I would probably be at my goal weight by now," she says. "But I know the weight would just come back. As it is, we feel we can eat this way forever." •

Sharlene K. Johnson is a contributing editor of Ladies' Home Journal.

Give Your Marriage a Health Makeover

If you and your spouse opt to change your habits, keep these tips in mind:

• SEE YOUR DOCTOR FIRST Not only will you learn if you have a physical condition that needs to be taken into account, but knowing disease-risk factors like your cholesterol and blood pressure can provide extra motivation and a way to track your progress.

• BE REALISTIC If you two are couch potatoes, begin by fitting small amounts of regular activity into your schedule, then build on it over time.

• SET GROUND RULES If you don't want him policing your every bite, say so. He may not want you nagging him if he doesn't jog every day. Look for positive ways to help each other instead. Perhaps you can cook dinner together so you feel less rushed (and less tempted to order pizza).

• DON'T COMPETE Men and women typically lose weight at different rates. The point is not to win, but to be healthy.

• DON'T MAKE EXTREME CHANGES Even if it means taking longer to reach your goals, small steps are the key to building good lifelong habits.





Ask the EXPERT

Q I love the look of pots and pans hanging from the kitchen ceiling. Can you think of any offbeat alternatives to the usual pot racks?

A "To set your kitchen apart, check flea markets and antiques stores for old gates or ladders," advises designer Katie Brown, the host of *Next Door with Katie Brown* on Lifetime Television. "They look wonderful attached to a wall or the ceiling, and they make stylish racks for pots and pans. Hang the kitchenware with ordinary S hooks, being sure to distribute the weight evenly. To complete this distinctive look, add some decorative kitchen items, such as wicker baskets or bundles of dried herbs."

IT'S A FACT: *Movin' on out? Chances are it won't be far. A Census Bureau report says 85 percent of people who move stay within their state; 66 percent don't even leave the county.*

Up in Smoke

Winter always seems cozier when there's a fire in the hearth. But this year, before you light the logs, take time to consider safety. A dirty or damaged chimney can lead to harsh consequences, such as chimney fires or carbon monoxide seepage, says Ashley Eldridge, technical director for the National Chimney Sweep Guild, in Indianapolis. To avoid danger, make chimney inspection an annual event.

First, use binoculars to check the chimney's exterior for cracks and missing bricks, and ensure that the flue (the pipe that allows smoke to travel upward) isn't obstructed by trees. Next, inspect the inside of your chimney by opening the damper (the door into the flue). Shine a flashlight up the flue and use a screwdriver to gently scrape the inner walls. If you find damage outside or quarter-inch-thick soot deposits inside, contact a professional chimney sweep. The cleaning takes about an hour, and usually costs between $35 and $100.

Before hiring a sweep, contact several to compare services, prices and references, and check that they are certified by the Chimney Safety Institute of America.

—Arricca Elin SanSone

before & after

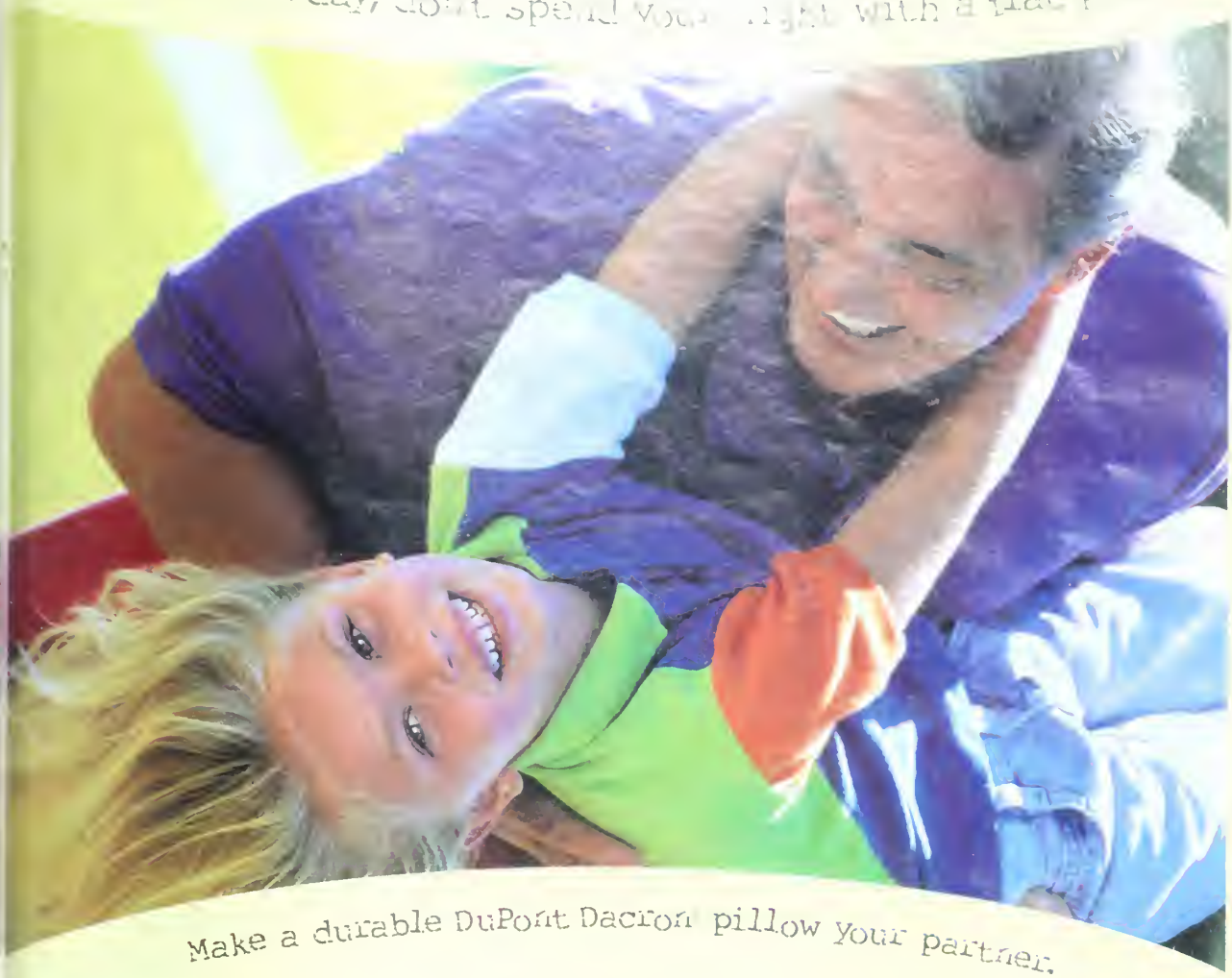
Pipe Dreams

Eliminate a bathroom eyesore by dressing up the problem. Exposed pipes under an old sink leave the room looking unfinished, but making a floor-length skirt is a simple, pretty fix. Washable fabrics are the most practical, and it's easy to find a pattern or color that matches your decor. The skirt needs only a hem and a gathered top, and is attached to the sink with adhesive-backed Velcro.





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THE MOST FASCINATING WOMEN OF '98



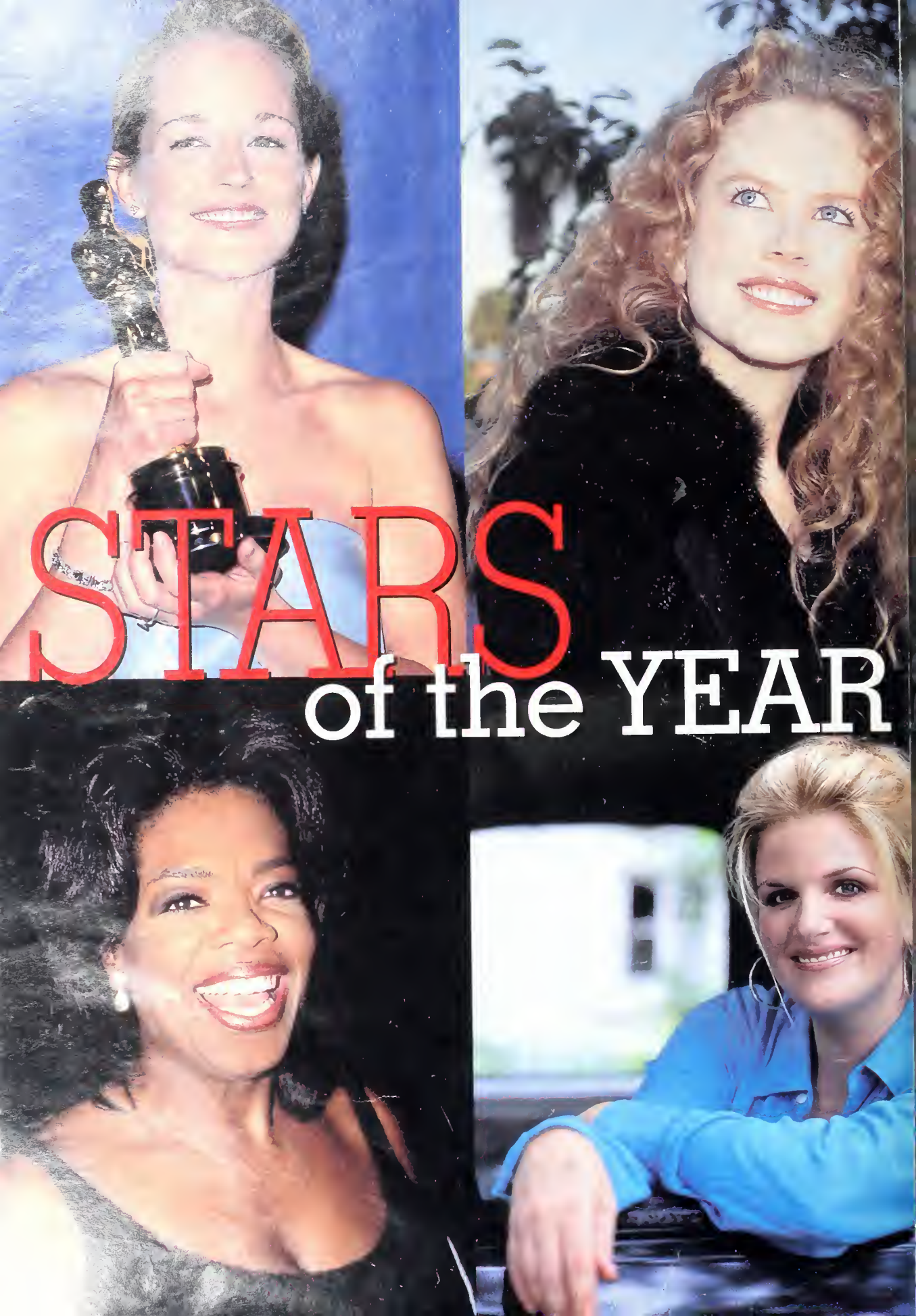


IT WAS A GRAND YEAR FOR WOMEN OF SUBSTANCE. The fascinating women here are all *doers*, dedicated to making things happen. Many have had some tough breaks in the past year, but all have survived those setbacks, and gone on to triumph over them. Throughout 1998, these heroic women inspired, informed and entertained us.

DON'T MISS OUR TV SPECIAL *"Ladies' Home Journal*'s Most Fascinating Women" on CBS, Monday, December 28, at 10 P.M./9 P.M. CT., sponsored by CLAIROL. **You'll get up close and personal with your favorites and share the inspiring stories of the women who have made 1998 an unforgettable year.**






STARS
of the YEAR

Two-Fisted Winner

ast year, **HELEN HUNT** made history by becoming
ie first actress ever to win both an Oscar (for her
ole opposite Jack Nicholson in *As Good As It Gets*)
nd an Emmy (her third in a row, for her role as
rban wife Jamie Buchman in NBC's *Mad About
ou*) in the same year. The honors didn't hurt her
ank account, either—the Oscar catapulted the
5-year-old into the $10 million per picture
ague, and helped her negotiate a cool $1 million
er episode for *Mad*, currently in its seventh (and
robably last) season.

Fire and Nice

roving that she is both hot *and* cool, **NICOLE
IDMAN** strutted her commercial savvy and racked
p the critical kudos in 1998. In the box-office hit
ractical Magic, Kidman was bewitching as Sandra
ullock's sister sorcerer. Meanwhile, the 31-year-old
ctress has been hailed as "pure theatrical Viagra"
or her sultry performance in *The Blue Room*, which
ebuted in London before steaming up Broadway.
lext up she stars with her husband, Tom Cruise,
n Stanley Kubrick's eagerly awaited thriller *Eyes
Vide Shut*. If the actress's career gets any hotter,
Cruise may start to be called Mr. Nicole Kidman.

Beloved by All

iven by her usual dizzying standards, 1998 was a
roductive year for **OPRAH WINFREY**. In February,
he stood trial for libel against the beef industry—
nd won. Then, amid rumors that she would end
er long-running daytime show, the 44-year-old
ueen of talk renewed her contract until 2002. She
ulled off another of her dramatic physical trans-
ormations, dropping 20 pounds and going for full-
ilt glamour on the cover of the October *Vogue*.
But above all, 1998 was the year that a dream
ong deferred was finally realized: Winfrey brought
Toni Morrison's 1988 Pulitzer prizewinning novel,
Beloved, to the big screen. As Sethe, a brutalized
ormer slave living in Ohio in 1873, Winfrey deliv-
rs a subtle but searing performance that is virtual-
y guaranteed an Oscar nomination.

Country's Queen

TRISHA YEARWOOD has had six platinum albums and
won nearly every country-music award there is. Last
ear, the 34-year-old Georgia native achieved even
nore. She took home two Grammys (as well as
op female vocalist by the Academy of Country Mu-
ic; and was voted the Country Music Association
emale vocalist for the second year in a row.

RADIANCE and RESILIENCE



Ever since her husband's dalliance with a certain White House intern first burst into the headlines, **HILLARY RODHAM CLINTON** has had to endure public humiliation and private anguish on a scale that would have been inconceivable to her predecessors. Yet even in the face of around-the-clock scrutiny, Clinton's composure has never cracked. Radiant, beaming, assuring us that she is "just fine," the 51-year-old First Lady has brought new meaning to the phrase "grace under pressure."

LEARNING to COPE



Just one year after her friend Princess Diana died in a gruesome car crash, **SARAH, THE DUCHESS OF YORK** got more bad news: Her mother had been killed in a head-on collision. Yet despite her grief, the 39-year-old mother of two has kept working. Among her projects: a $1.7 million per year association with Weight Watchers International and a British TV talk show called *Sarah . . . Surviving Life*.

BRIDE of the YEAR



When **BARBRA STREISAND** finally decided to tie the knot last July with silver-haired TV hunk James Brolin, the 56-year-old bride went for the whole megillah—long white Donna Karan dress, 15-foot veil, 16-piece orchestra, flowers by the truckload and a rabbi to do the honors. The ceremony at the star's Malibu compound was one of Hollywood's most anticipated events—and hottest invitations. In the end, Streisand's notorious perfectionism paid off: Guest John Travolta pronounced it "probably the most beautiful wedding I've been to."

BIG talent



"Most of the large women on television play clowns," complains **CAMRYN MANHEIM**, who portrays feisty, sexy, confident defense attorney Ellenor Frutt on ABC's *The Practice*. For the 37-year-old plus-size actress, winning a 1998 supporting-actress Emmy was a sweet moment—one she played to the hilt. Bounding onto the stage in a clingy black dress, Manheim held her statuette aloft and crowed, "This is for all the fat girls!"



Thoroughly modern ALLY

In her sometimes neurotic self-absorption, in her zigzagging emotions, and in her ambivalence about "having it all," miniskirted TV attorney Ally McBeal mirrors the concerns of an entire generation of postfeminist women. And **CALISTA FLOCKHART**, the 34-year-old actress who stars in the hit series (and who won a Golden Globe first time out of the gate), portrays her charmingly quirky character to a T.

at CENTER stage

WHOOPI GOLDBERG has long had one of the least predictable—and most varied—careers in show biz. Her latest move, last year, was to sign on as "center square" and executive producer of a new version of the classic daytime TV game show, *Hollywood Squares*. The lure? "They offered me a really beautiful amount of money"—including a "big old chunk" to charity.





Comeback KID

At 23, **DREW BARRYMORE** has shed her bad-girl persona—onscreen and off. Roles like the wayward teen siren in *Poison Ivy* (1992) have given way to the new Drew: a sweet, giggly, bighearted woman like her characters in *The Wedding Singer*, *Ever After* and the current comedy, *Home Fries*.

Lessons in Bravery

On December 1, 1997, the morning prayer group at Heath High School in West Paduca, Kentucky, had just said their final *Amens* when a 14-year-old student opened fire. When the shooting spree ended, three students lay fatally wounded, and **MISSY JENKINS**, then 15, was gravely injured, from a bullet that grazed her spine. Twin sister **MANDY** escaped harm by mere inches. Today, Missy is paralyzed from the chest down and wheelchair-bound, with Mandy usually at her side. The girls' courage and lack of malice toward the shooter have been an inspiration to the rest of their shattered town.

Hoop Dream

She's called "the Michael Jordan of the WNBA" and for good reason: **CYNTHIA COOPER** has the stats (an average 22.7 points, 4.4 assists and 3.7 rebounds per game), the drive (last August she led the Houston Comets to victory while suffering with a concussion) and the kudos (league MVP for the second straight year and two consecutive championships for Houston). But her best moves may be off the court. The 35-year-old plays supermom to seven nieces and nephews while helping her own mother battle breast cancer.

"I Love You, Mom"

Widowed at 34, **LUCRECYA SOSA**, now 57, heroically raised six children in a two-room, dirt-floor house in the Dominican Republic. Son Sammy grew up and repaid the favor. After each of the 66 home runs he hit for the Chicago Cubs last season, the slugger would raise his fingers to his lips, then touch his heart to say "I love you" to his mother. Sosa's generosity is legend: He has donated more than 250 computers to Dominican schools. Most of all, he remembers Mama, last year building her a mansion for Mother's Day.

Lady of the House

When a skiing accident claimed the life of Congressman Sonny Bono last January, his devastated widow began an unlikely transformation. Today, having twice run for and won her husband's congressional seat, **MARY BONO** serves on the all-important House Judiciary Committee, which oversees presidential impeachment. As she begins her first full term, Bono, 37, is enjoying the affection of a new beau and the respect of her Republican colleagues. One said admiringly, "She's not some guy in a gray suit coached by five consultants."



STORIES of the YEAR

FASCINATING WITH *FASCIN* WOMEN

Julia Roberts and Susan Sarandon dish about men, their new movie and each other. By Melina Gerosa



TALK ATING



AT THE FRONT TABLE at Anglers & Writers, a cozy café in Manhattan's West Village, Susan Sarandon is peeking into a big bag of candy—treats for her three kids—when Julia Roberts bursts through the door with a blue Buddha on her T-shirt and a cell phone at her ear. Ending her call, Roberts grabs Sarandon for a hug, pulls up a chair and orders a round of café mochas with extra whipped cream.

As if on cue, both women take a deep breath. This late-afternoon break is a small pocket of calm before each goes her busy way. Sarandon is getting ready to whisk her longtime companion Tim Robbins to Paris to celebrate his fortieth birthday, and Roberts is heading off to Maryland, to shoot *The Runaway Bride*, a romantic comedy that will reteam her with Richard Gere.

Still, there is nothing like a double-hitter of caffeine and sugar to get the old friends and current co-stars chatting about everything from bad boyfriends to female friendship.

LHJ: The two of you met fourteen years ago through Tim, who has the same agent as Julia. But when did you actually become friends?

JULIA: I think our official bonding was the trip we took to Costa Rica in 1993. *(continued on page 143)*

With our insider's guide, there's no more guessing where the buys are when it comes to shopping for your favorite makeup and beauty supplies.
By Lois Joy Johnson

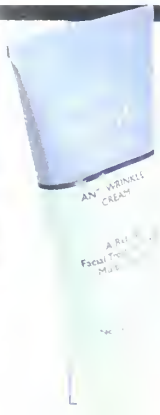
BEAUTY



drugstore

the deal: Drugstores sell mainstream brands whose advertisements often include color swatches so you can pre-shop at home; offer no-wait self-service; give coupon discounts in circulars and promotional displays; stock travel sizes, perfect for your gym bag or desk drawer; and many are open twenty-four hours.

THE BEST BUYS



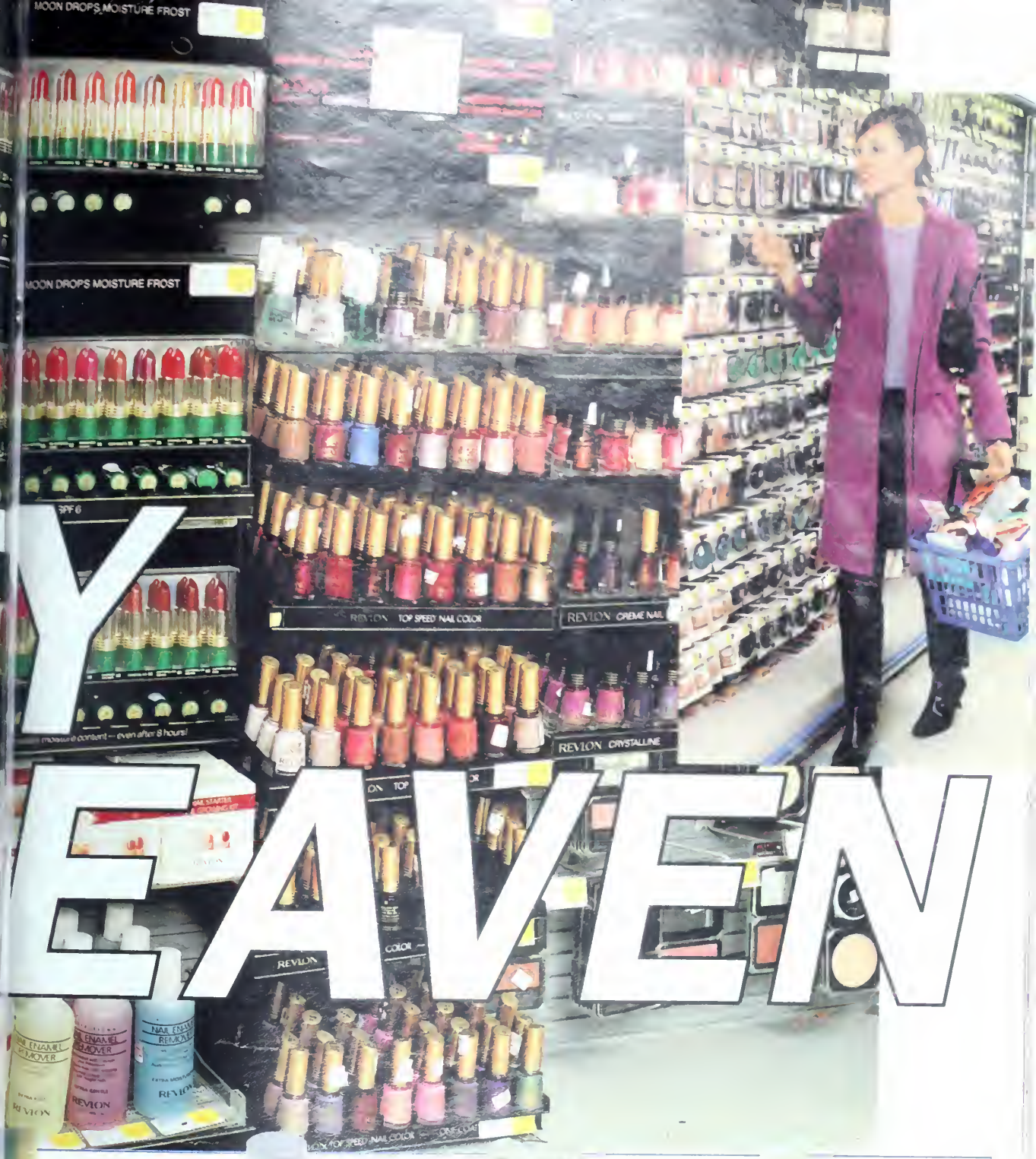
ANTI-AGING SKIN CARE Every bit as effective as the more expensive, high-end brands sold in department stores. One dermatologist calls Neutrogena Healthy Skin with Retinol ($11.99) "the next best thing to prescription Retin-A."



NEUTRAL NATURAL MAKEUP Go for go-with-everything basics such as brown shadow, "healthy" blushers and lip-toned chunky pencils like Maybelline Lip Express in Mocha Blast ($4.75).



FAST HAIR FIXES For deep conditioners, the pros give drugstore brands high marks ("they have a fresher scent than some pro brands, which can smell medicinal"). Aussie 3 Minute Miracle ($5.69) "retexturizes damaged, brittle hair immediately."



Y EAVEN

GENTLE AT-HOME HAIRCOLOR Clairol's Natural Instincts ($6.99) was praised for its "mistake-proof application and realistic colors." Tip: For the most natural look, buy one shade lighter than you think you really need.

NAIL POLISH Busy nail pros like the efficient dual-purpose products the drugstores carry, such as Sally Hansen's Ridge-Filling Base Coat ($3.95). It helps polish go on smoothly and prevents dark colors from staining.

EVERYDAY HAIR CARE Lower-priced drugstore brands "do a really good job of keeping hair in condition." Pros repeatedly cite Helene Curtis's Thermasilk ($3.79), Clairol Herbal Essences ($3.29), and Pantene Pro-V as top choices ($3.49).

YEAR-ROUND SUNSCREEN It's a daily basic that's part of a smart skin-care routine. Ombrelle from Maybelline ($9.99) with Parsol 1789 and SPF 15 fights UVA rays as well as UVB rays.

At department-store cosmetic
can try before you buy an







department store

the deal: Department-store cosmetics counters are staffed by trained beauty advisers who give personal consultations and mini makeovers (and, really, you are not obligated to buy), as well as basic skin-care analysis. Sample sizes of the company's new and core products are always available. Based on your purchase records, stores will notify you of special promotions on your favorite products. Frequent in-store workshops offer free facials, makeup consultations with guest experts.

THE BEST BUYS



PROFESSIONAL MAKEUP BRUSHES, with real-hair bristles like these from Trish McEvoy, "last forever and give the best application." Pick up: a flat eye brush for lining and shadow-blending, a large size blush brush, and a full dome-shaped brush for powder.



NATURAL-LOOKING SELF-TANNERS AND BRONZING POWDERS The won't-turn-you-orange formulas that give you that just-back-from-vacation glow include Clarins ($23) and Estée Lauder Instant Sun Bronzer ($25).



FINELY MILLED FAC POWDER So refine practically disappe into skin, this is th powder the pros us to take down shine and to set foundati Try Christian Dior's Diorlight Oil-Free Loose Powder ($42.50).

counters you experiment all you want



MAKEUP FOR PROBLEM SKIN Women with problems like acne-prone complexions and broken capillaries benefit from products that cover the tough areas without exacerbating their conditions, like Laura Mercier Secret Camouflage ($24).





CUSTOM-COLOR FOUNDATION For hard-to-match skin tones, especially those with uneven pigment or ashy undertones, Elizabeth Arden and Prescriptives, among others, will blend a shade just right for you in both liquid and powder formulas.



MAKEUP-PRO BRANDS Bobbi Brown, Stila, Hard Candy and Nars (The Multiple in St. Barts, $32, left) made their names by bringing cutting-edge industry trends to consumers. Their product lines continue to introduce innovative shades and textures.



CUSTOMIZED REFILLABLE COMPACTS The ultimate in convenience and personalization: After experimenting with different color combos at the counter, you can load your choices into a single handy compact, like this one from Prescriptives ($34.50).

beauty-supply store

the deal: These shops are the equivalent of the hardware superstore for beauty professionals, with items that just aren't stocked anywhere else. While the off-the-street consumer won't enjoy the discount that those in the beauty industry do, this is where you can pick up the exact blow-dryer, shampoo or no-tangle brush that your stylist uses.





You *can* get salo supply store

THE BEST BUYS



COLOR-ENHANCING TREATMENTS To keep colored hair looking fresh, there are tons of used-in-salon products such as Redken Shades EQ Color Enhancing Shampoo ($6.50) and ARTec Color-Enhancing Shampoo ($10).



HAIRBRUSHES AND COMBS This is where you'll find the largest selection of sizes, materials and shapes, all displayed unwrapped in bins so shoppers can handle them and feel the bristles. Conair brush, $5.99.



GALLON-SIZE JU SHAMPOO Salon on brands like TRESémme, Nex Joico and Sebas by buying concentrated fo and cutting ther water themselv You can save al $2 per ounce.



THE EXPERTS:

Dermatologists Mary P. Lupo, M.D., associate clinical professor of dermatology at Tulane University, in New Orleans. Diane Berson, M.D., assistant clinical professor of dermatology at NYU School of Medicine, in New York City. David Altman, M.D., chief of dermatology at Macomb Hospital Center, in Warren, Michigan. Bruce Katz, M.D., associate clinical professor of dermatology at Columbia Presbyterian Medical Center, in NYC. Debra Jaliman, M.D., clinical instructor in dermatology and dermatological surgery, Mount Sinai Medical Center, in NYC. **Hairstylists** Joseph Kendall at Joseph Martin, Beverly Hills. Samira Charbat at Christophe Salon, Beverly Hills. Luke O'Connor at LuKaRo, Beverly Hills. Clay Wilson at Doyle Wilson Salon, Los Angeles. Marianne Strokirk at Marianne Strokirk Salon, Chicago. **Manicurists** Jonice Padilha at J. Sisters, NYC. Darla Jeffery at Tom Schmidt's Urban Retreat, Minneapolis. Mira Gralnik at Ole Henriksen, Los Angeles. Elisa Ferri, NYC. **Colorists** Matthew Boger at Tova Body, Mind & Spirit Salon, Beverly Hills. Doug MacIntosh at Minardi Salon, NYC. **Makeup Artists** Kozmo Fahringer at Brad Johns Salon, NYC. Darcy McGrath, Chicago. Heidi Schulze, Houston. Lisa DeRosa, Boston. Deborah Koepper, Palm Beach, Florida. Rosemary Tackbary Redlin, Chicago. Sam Fine, NYC.

esults at home: Beauty-stock the stuff the pros use

HAIRDRYERS
It's not just a stylist's skill with a blow-dryer that makes your hair look so great—it's the dryer itself. Solis & Solano professional blow-dryers feature top-rate motors and are "great for thorough drying of very thick or curly hair."





TEMPORARY-COLOR TOUCHUPS To camouflage your roots between visits to the colorist, a Roux Fanci-Full 'Tween Time Haircolor Touch-up stick is just the thing.



PRO-ONLY LINES
Some of our experts' favorites can only be bought in beauty-supply stores or salons, such as Rene Furterer, Terax, Phytotherathrie and Rusk. Many feature benefits for special hair problems like dandruff.



HAIR-STRAIGHTENING TOOLS Pros swear by BaByliss hair irons ($39.99) to give a satin-sleek finish to hard-to-straighten locks. Use as a final step after blow-drying. Also look for flatteners by Conair and Elchin.

comforts of home

When the mercury dips, wha
place to retreat. Produced b



What better way to spend a cold winter day than enjoying tea and cakes with friends in a cozy kitchen? The homeowner drapes an antique throw on the table, and puts out her finest china



The oven isn't the only thing warming up this kitchen. The room is a feast of scents and sights, from the gleaming copper fish poacher to the lush herbal wreath

you need is a cozy and beautiful

Kimberlie A. Waugh







Sweet abundance: arrayed, will never

A roaring fire, a cushy chair, a pot of freshly brewed tea—winter is a time when the idea of staying curled up indoors all day sounds like absolute heaven. The reality isn't always so heartwarming, though. The season's gray skies can rob a house of sun, making all spaces seem cavernous. And even bright rooms can look drab in weak winter light. Could your home be the perfect setting for a bout of cabin fever, instead of a place where you can really kick back and enjoy hibernation?

Even though snow rarely falls in Houston, where she lives, interior designer Carol Glasser loves to cozy up her home for the season. She "winterizes" by creating a relaxing retreat rich with comforts like deep sofas, warm colors and blazing fires (she has hearths in her kitchen and bedroom). Some pieces of furniture, like a red leather chair by the kitchen fireplace, make a winter-season-only appearance (it has a French country-inn feel, Glasser thinks); others are slipcovered in seasonable warm antique toile prints or nostalgic florals. In fact, when winter comes, Glasser avoids chilly formality by seldom using her library/dining room, preferring to entertain around the long kitchen table surrounded by cushiony upholstered chairs and a banquette plumped with pillows.

It's easy to find what makes you feel good in Glasser's kitchen, where apples, cinnamon sticks and cloves often simmer in a saucepan on the stove. The room is also redolent with the aroma of bay leaves and sage, thanks to a suspended herbal wreath and little planted pots on the counters. For beauty as well as practicality, a copper fish poacher does double duty as a container for earthenware crocks filled with kitchen utensils. The idea is to banish austerity and give the room a sense of abundance. "I display everything in my kitchen," says Glasser, "but I keep it organized."

The sense of well-planned abundance extends to the oversized pine hutch just beyond the big kitchen table. Laden with Staffordshire and creamware pieces, it is a colorful eyeful that avoids looking cluttered.

Keeping items she loves close at hand makes Glasser's bedroom a place that's irresistibly cozy. Next to the bed sits a lamp she improvised from a British chinoiserie tea tin—it adds a touch of whimsy while providing a warm pool of reading light. Also next to the bed: a framed botanical print, a gallery of photos and a basket of reading material—everything she needs to make lounging wonderful. Should Glasser choose to read by the fire instead, the bergère chair and ottoman are the perfect destination.

In the spring, Glasser dresses the bed in pale ivory and lavender, but she chooses earth tones when she transforms the room into a winter retreat. Spring's ivory tapers are also traded in, replaced with chunky beeswax candles on tabletops all through the house. Candles, Glasser believes, give a home atmosphere like nothing else. What's more, they create intimacy—something we all need on long winter nights.

—Stephanie B. Goldberg

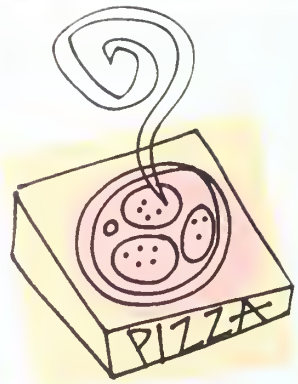


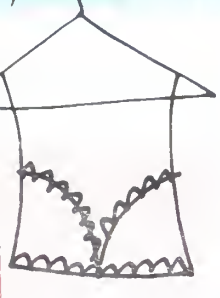
A bedside lamp, a fire and votive candles add warm light to the bedroom (left). The antique hutch in the kitchen displays an impressive collection of china, all found on antiques-hunting excursions

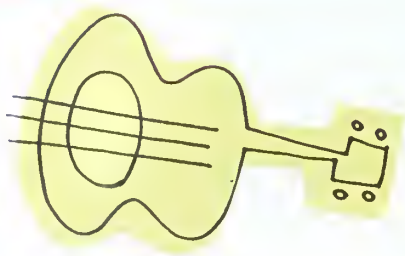
100 THINGS BEFORE TH

Ditch those standard New Year's resolut to accomplish before the year 2000. Cor fun, joy and adventure into every day of t







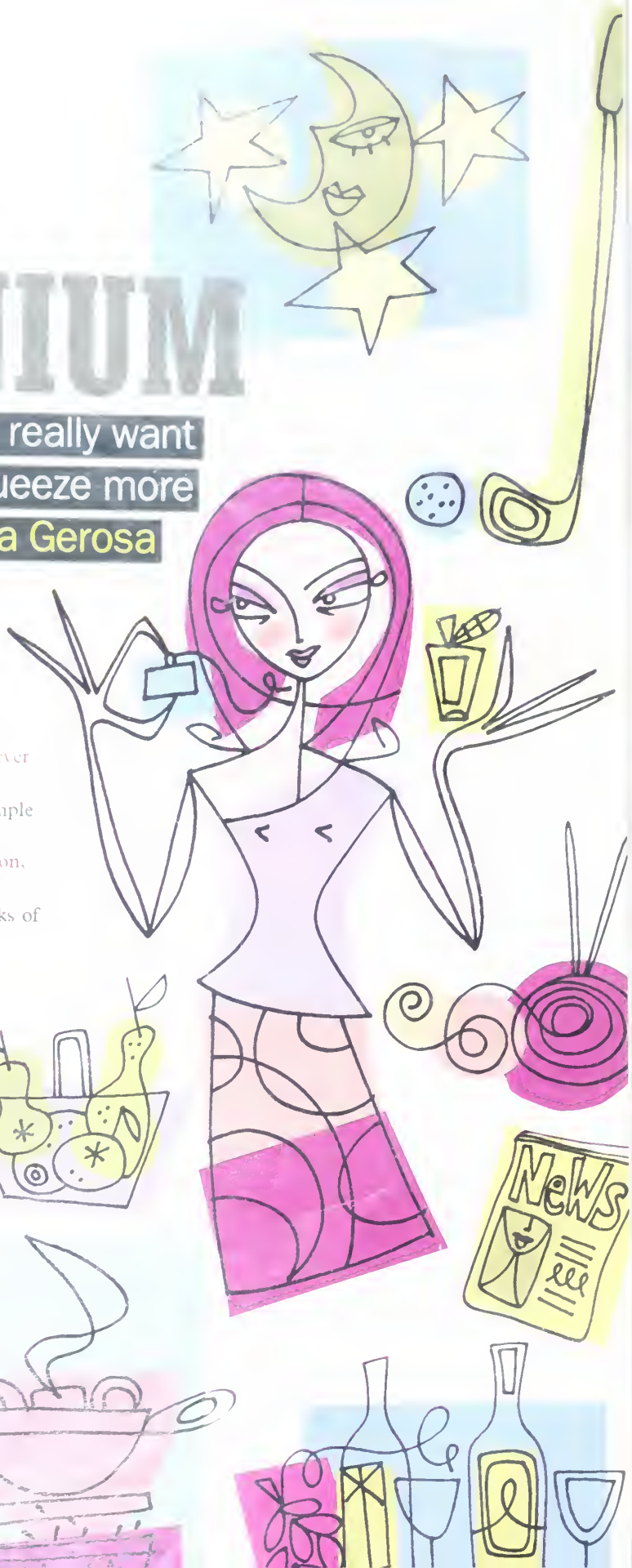


1. Buy a gorgeous evening dress without an event in mind.
2. Build the dollhouse you never had as a kid.
3. Buy a chaise longue. Spend an afternoon relaxing on it.
4. Get a Wonderbra.
5. Take an art-history course. Make a pilgrimage to your favorite painting or sculpture.
6. Rent the *Godfather* trilogy. Open a bottle of Chianti and order in pizza.
7. Plan your dream vacation, down to the last detail. Then open a secret bank account and start saving.
8. Learn to tango, salsa or merengue.
9. Celebrate New Year's Eve in Times Square.
10. Swim with a dolphin.
11. Get a massage.
12. Learn how to apologize.
13. Make one improvement in your diet.
14. Spend an entire day without plans.
15. Learn to play guitar, piano or kazoo.
16. Go on a cruise. Stand on the deck and toast the sunset.
17. Go camping. Toast s'mores.
18. Buy beautiful stationery and write someone a heartfelt letter.
19. Get involved in a pet cause.
20. Paint your bathroom sun-drenched yellow.
21. Get a makeover at a cosmetics counter before going to a party.
22. Drive a convertible sports car—preferably red—along a coastal highway.
23. Try yoga.
24. Go skinny-dipping.
25. Learn how to change your car's oil (or tires).
26. Invest in a good camera. Take a photography course with a friend.

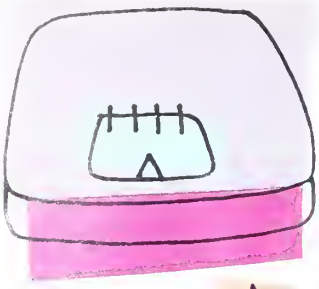


'O DO
MILLENNIUM

s and commit to what you really want
er this your last call to squeeze more
wentieth century. By Melina Gerosa

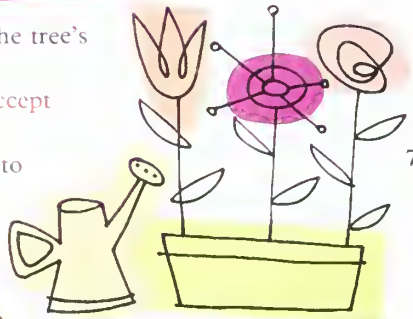


Stargaze from the top of a mountain
. Have a bonfire on a beach. Bundle up in
ankets and tell ghost stories.
Learn to knit. Make your beloved a scarf
. Stop blaming your parents.
Go to a greengrocer and try all the fruits you've never
ten, like guava, star fruit and persimmon.
. Commit to your spiritual life. Find a church or temple
u like and take your family every week.
. Try a new sport– take a ski lesson, a kayaking lesson,
rn in-line skating, or take up golf.
. Start a book club and read at least three great works of
:rature.
Buy new perfume.
. Try at least one food you hated as a child.
. Teach yourself to prepare one dish from
ethnic cuisine you've never tackled.
. Start a daily journal (on your computer, if
ssible).
. Pay off your credit cards. Vow to live
hin your means.
. Spend a Sunday reading the paper from
'er to cover.
. Learn the lyrics to a song you've always
'ed.
. Put photos in albums.
. Volunteer in your community. Convince a
nd to do it with you.
. Fill your pantry with essentials (chocolate
d champagne). Get snowed in.
. Go to a wine tasting and pick y
iety. Keep it on hand.
. Go to the Smithsonian Institution and
rothy's red slippers.
. Send a man flowers.



48. Host a girls-only slumber party. Put on pj's and stay up late. Do this in a fancy hotel, if possible.
49. Bike through the countryside in autumn.
50. Plant a tree that is your child's height on his birthday, and note the tree's growth each year.
51. Get down to your ideal weight. Or accept [illegible] and [illegible].
52. Write a letter for your grandchildren to be read fifty years from now, detailing your life to this point. Keep it with your important papers.
53. Train for and enter a sporting event for fun.
54. Tell Mom and Dad you love them.
55. Shoot a roll of chromogenic black-and-white film. Ask the lab to make your pictures sepia-toned.
56. Really get your financial affairs in order—everything from life insurance to retirement and a will.
57. Stop beating yourself up.
58. Buy yourself diamond earrings. Enjoy them forever.
59. Look up your best friend from fifth grade and give her a call.
60. Splurge on beautiful wine glasses.
61. Change your haircolor.
62. Buy stock in your favorite company.
63. Go to a karaoke bar and sing that favorite tune you've practiced in the shower millions of times.
64. Buy flowers for yourself on the weekends.
65. Create a time capsule.
66. Bake chocolate-chip cookies and send them to a friend "just because."
67. Clean out your closets. If you haven't worn something in the last year, pack it up for charity.
68. [illegible] flower boxes.
69. Learn how to make the perfect toast for any occasion.
70. Wear sunscreen every day.

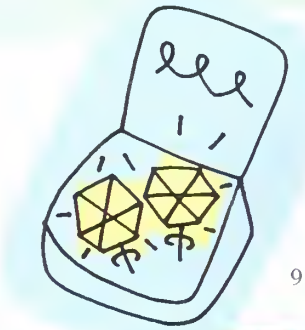
71. Vow to stand up for yourself.
72. Write down your goal of exactly where you want to be in five years, in your career and in your personal life. Be as detailed as you can.
73. Just once, give yourself permission to eat a pint of mocha almond fudge ice cream in one sitting. For breakfast.
74. Learn how to meditate. Do it for ten minutes every morning.
75. Buy an antique from the last century to bring into the next.
76. Keep a journal to count all of your blessings.
77. Take your best friend out to an extravagant lunch.
78. Ask for a promotion at work.
79. Memorize your favorite Shakespearean sonnet. Recite it to someone wonderful.





Just once, give yourself permission to eat a pint of mocha almond fudge ice cream in one sitting. For breakfast.

80. Find a type of exercise that you can commit to three times a week.
81. Write your siblings a letter telling them how much you love them. Include funny memories.
82. Go strawberry-picking, then learn to make a fabulous piecrust.
83. Get season tickets for baseball, basketball or football. Bring a kid.
84. Have your astrological chart done.
85. Drive across the country. Play seventies tapes along the way.
86. Hug more.
87. Quit smoking.
88. Quit complaining.
89. Give people a second chance.
90. Slow down.
91. Buy something made of cashmere.
92. Floss.
93. Work less; laugh more.
94. Start Christmas shopping in July.
95. Write a letter to your favorite teacher.
96. Let the answering machine pick up during dinner.
97. Really listen.
98. Sing in the car; especially at red lights.
99. Become a big sister.
100. Live with passion. ●





Melina Gerosa is the author of "The Fun Book: 102 Ways for Girls to Have Some" (Simon & Schuster, 1998).



Let her learn now
that too much lipstick
is a big mistake.

Especially because
Tide with Bleach
gets out Fabulous
Flamingo Pink.

Tide with BLEACH

It's got to be Tide.



Dawn works better at cutting the toughest grease.

Dawn Antibacterial swipes through the toughest grease with less soak time, better than any brand. Plus, as a hand soap it eliminates 99% of germs. Dirty dish? Dawn. Done! With Dawn, you don't miss a thing.

Dawn takes grease out of your way.



OOD

JOURNAL



e Seared Scallops



Turkey Cutlets with Green Mole

QUICK MEALS

A little plumper than usual this post-holiday season? Then try these **low-calorie meals**—your waistband will thank you. Or, if you can't beat 'em, join 'em—our **football game munchies** will make a fan out of you. We also have trendy **Asian noodles**, and for dessert, delectable **lemony tarts**



ed Ham
eak with
naya Salsa

Turkey Cutlets with Green Mole

Your family will never guess that this dish is low-fat and low-calorie, but it is—courtesy of the lean turkey cutlets and spicy green mole sauce. Turkey cutlets are coated with toasted pumpkin seeds for satisfying crunch.

Prep time: 10 minutes **Cooking time:** 9 minutes
Easy, Low-fat, Low-calorie

¼ cup shelled pumpkin seeds, chopped
½ teaspoon cumin
½ teaspoon salt
¼ teaspoon freshly ground pepper
1 pound turkey cutlets
4 teaspoons olive oil, divided
½ cup chopped onion
1 can (4½ oz.) chopped green chiles
¼ cup water
1 tablespoon fresh lime juice
2 tablespoons chopped fresh cilantro
Cooked rice (optional)

1. Toast pumpkin seeds in skillet over medium-high heat, 2 minutes. Cool. Combine half the seeds, cumin, salt and pepper on waxed paper. Dip cutlets into seed mixture.
2. Heat 2 teaspoons oil in a large nonstick skillet over medium-high heat. Add cutlets and cook 5 minutes, turning once. Transfer cutlets to a plate; cover.
3. Heat remaining 2 teaspoons oil in same skillet over medium heat. Add onion, chiles, remaining seeds and water; cook until heated through, about 2 minutes. Remove from heat; stir in lime juice and cilantro.
4. Divide turkey among 4 plates. Spoon sauce evenly over top. Serve with rice, if desired. Makes 4 servings.

Per serving (without rice): 205 calories, 6.5 g total fat, 1 g saturated fat, 70 mg cholesterol, 543 mg sodium, 7 g carbohydrates, 29 g protein, 24 mg calcium, 1 g fiber

Sesame Seared Scallops

Sea scallops marinate quickly in soy sauce, rice-wine vinegar and ginger, giving them a savory flavor boost. Th scallops are served over bell peppers and snow peas, and sprinkled with toasted sesame seeds.

Prep time: 10 minutes. **Cooking time:** 11 minutes
Easy, Low-calorie

3 tablespoons soy sauce
1 tablespoon rice-wine vinegar
1 tablespoon fresh grated ginger
¼ cup water
1 pound sea scallops
3 tablespoons sesame seeds
3 teaspoons vegetable oil, divided
2 bell peppers (red and yellow), cut into strips
1 cup snow peas, trimmed

1. Combine soy sauce, vinegar, ginger and ¼ cup water in a small bowl.
2. Place scallops in medium bowl with half the soy sauce mixture; let stand 15 minutes.
3. Meanwhile, heat a large nonstick skillet over medium-hi heat. Toast sesame seeds 1 minute. Transfer to a plate.
4. Heat 1 teaspoon oil in same skillet. Add vegetables; cook 2 minutes. Stir in remaining soy sauce mixture and cook until vegetables are tender, 3 minutes. Transfer to a plate; cover and keep warm.
5. Wipe out skillet. Heat remaining 2 teaspoons oil over high heat. Add scallops; cook 5 minutes, turning halfway through, until golden. (Scallops should feel firm to the touch.) Divide vegetables between 4 plates; top with scallops and sprinkle with sesame seeds. Makes 4 serving

Per serving: 200 calories, 7.5 g total fat, 1 g saturated fat, 37 mg cholesterol, 957 mg sodium, 11 g carbohydrates, 22 g protein, 114 mg calcium, 2 g fiber

LOW CAL

Super Cooking Spray

If you want to prepare low-calorie, low-fat dishes, cooking spray is a must. But it's easy and economical to make your own: Just fill a stainless-steel or plastic spray bottle with vegetable or olive oil. Spray the oil onto a skillet in a thin, even coat.



Glazed Ham Steak with Papaya Salsa

Here's a delicious new twist on ham steak that, thanks to the wide availability of reduced-sodium varieties, is also a healthier option. Pineapple preserves and Dijon mustard team up for the glaze, and the simple-to-prepare fruit salsa calls for orange juice and fresh papaya. Select a papaya that is golden yellow, not green, and that yields slightly to pressure.

Prep time: 10 minutes. **Cooking time:** 6 minutes
Easy, Low-fat, Low-calorie

Papaya Salsa
½ cup orange juice
1 medium papaya, peeled and chopped
¼ cup chopped red onion
¼ teaspoon salt
⅛ teaspoon ground red pepper
¼ cup pineapple preserves
1 tablespoon fresh lime juice
2 teaspoons Dijon mustard
1 pound reduced-sodium boneless ham steak
Mixed green salad (optional)

1. *Make papaya salsa:* Combine ingredients in a small bowl; set aside.
2. Heat grill pan or large nonstick skillet. Combine preserves, lime juice and mustard in a small bowl; brush over both sides of steak. Grill ham over medium-high heat until browned, about 3 minutes per side.
3. Cut ham steak into serving pieces. Serve with papaya salsa and salad, if desired. Makes 4 servings.

Per serving: 225 calories, 4 g total fat, 1.5 g saturated fat, 54 mg cholesterol, 1,155 mg sodium, 28 g carbohydrates, 21 g protein, 33 mg calcium, 1 g fiber

Recipes by Regina Ragone



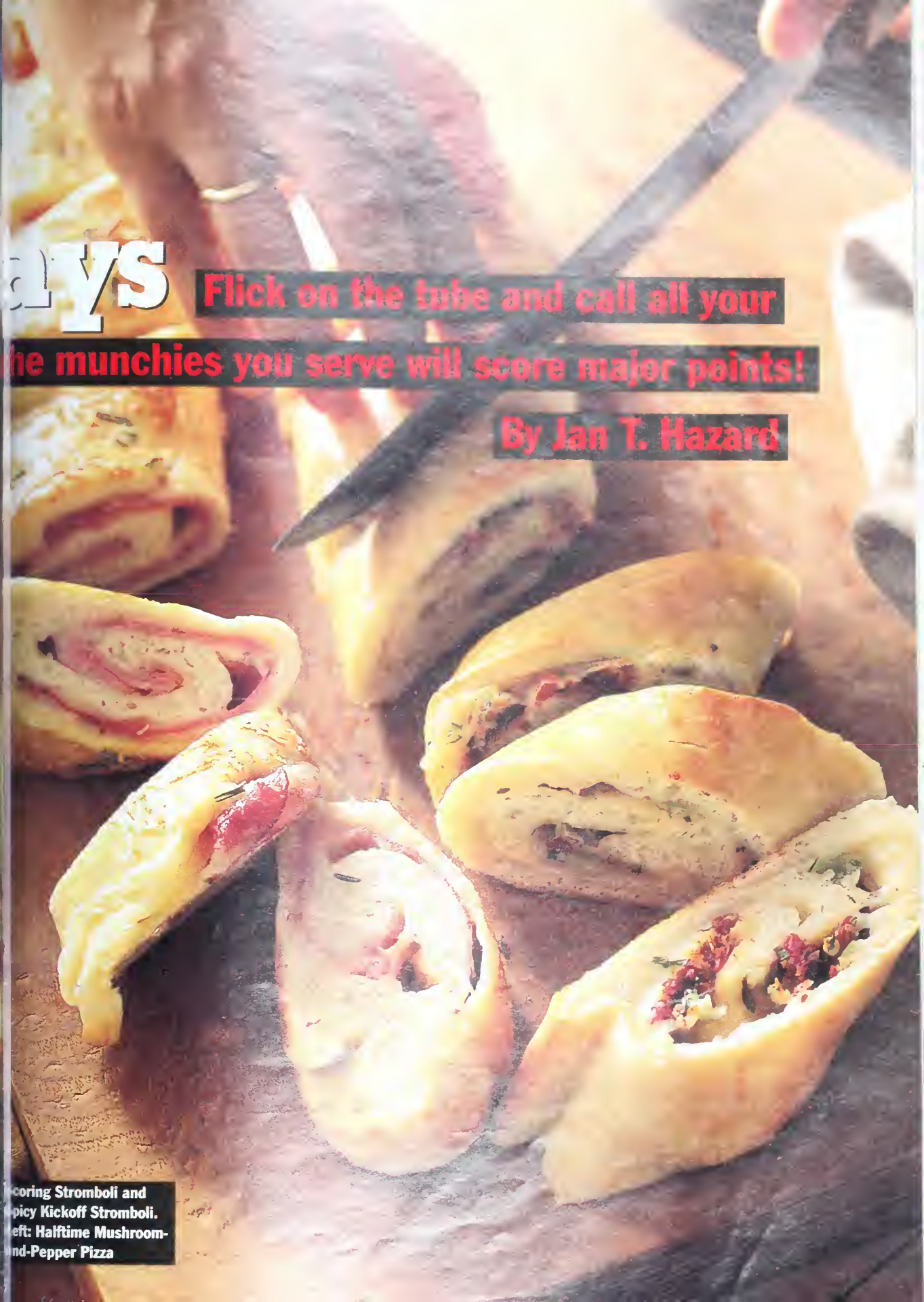
The Peanuttiest.

Jif has more fresh roasted peanut taste
than any other leading creamy brand.

Choosy moms choose Jif.

Procter & Gamble


Football Sun
favorite fans to the couch. With recipes like the
MUTE
VOL
CHAN



ays

Flick on the tube and call all your

he munchies you serve will score major points!

By Jan T. Hazard

coring Stromboli and
picy Kickoff Stromboli.
eft: Halftime Mushroom-
nd-Pepper Pizza

Football Sundays

QUARTERBACK DIP

This addictive cheesy concoction gets its kick from diced tomatoes with green chiles and pickled jalapeños.

Prep time: 25 minutes
Cooking time: 15 minutes
Easy

2 tablespoons olive oil
4 green onions, chopped
3 tablespoons flour
1 teaspoon cumin
1 pint (16 oz.) half-and-half cream
1 package (8 oz.) cream cheese, softened
1 cup shredded Cheddar cheese
1 cup shredded Monterey Jack cheese
*1 can (10 oz.) diced tomatoes with green chiles**
4 pickled jalapeños, minced
Chili powder and sliced green onions, for garnish
Tortilla chips and raw vegetables, for dipping

1. Heat oil in a medium saucepan over medium-low heat. Add green onions and cook 2 minutes. Stir in flour and cumin; cook 1 minute, stirring. Gradually stir in half-and-half. Bring to a simmer, stirring frequently. Simmer 1 minute. Remove pan from heat. Add cream cheese, stirring until melted.
2. Return pan to low heat. Gradually add cheeses, stirring until melted. Stir in tomatoes with green chilies and jalapeños. Cook until heated through (do not boil). Transfer to serving bowl. Sprinkle with chili powder and sliced green onions, if desired. Serve warm with chips and vegetables. *(Can be made ahead. Cool. Transfer dip to medium microwaveproof bowl. Cover with plastic wrap and refrigerate up to 24 hours. To reheat, microwave on High 3 to 4 minutes, stirring once per minute, until heated through.)* Makes 5 cups.

*LOOK FOR WHERE TO PURCHASE RO-TEL DICED TOMATOES WITH GREEN CHILIES CALL

Per 2 tablespoons: 70 calories, 6 g total fat, 3.5 g saturated fat, 10 mg cholesterol, 105 mg sodium, 3 g carbohydrates, 2 g protein, 0 g fiber

GO BUFFALO CHICKEN WRAPS

These tortilla rolls pack all the great taste of the classic wings—chicken slathered in hot pepper sauce, served with crunchy celery and creamy blue-cheese dressing. We use chicken "tenders"—the boneless, skinless tenderloin from the breast.

Prep time: 40 minutes plus marinating
Broiling time: 6 to 8 minutes
Easy

½ cup red pepper sauce, divided
2 tablespoons olive oil
1 teaspoon minced garlic
¼ teaspoon pepper, divided
2 pounds chicken tenders

Dressing
⅓ cup sour cream
⅓ cup mayonnaise
¾ cup crumbled gorgonzola or other blue cheese
1 teaspoon fresh lemon juice

8 (10-inch) burrito-size flour tortillas
3 cups finely shredded iceberg lettuce
3 celery ribs, tough strings removed, cut into thin strips

1. Whisk ¼ cup pepper sauce, oil, garlic and ⅛ teaspoon pepper in a large bowl until blended. Add chicken and toss to coat. Cover and marinate in the refrigerator 30 minutes.
2. *Make dressing:* Meanwhile, stir all ingredients together in a small bowl.
3. Heat broiler. Place chicken on a jelly-roll pan in a single layer. Broil 6 to 8 minutes, turning once, until cooked through.
4. Spread each tortilla with 2 tablespoons dressing, leaving a 1½-inch border. Divide and arrange a strip of lettuce, chicken and celery about 1 inch from the bottom edge of each tortilla. Combine remaining ¼ cup red pepper sauce and ⅛ teaspoon pepper in a small bowl; drizzle over celery. Tightly roll up tortillas; wrap in waxed paper. *(Can be made ahead. Refrigerate up to 2 hours.)* Cut in half through paper to serve. Makes 8 servings.

Per serving: 465 calories, 21.5 g total fat, 6 g saturated fat, 85 mg cholesterol, 948 mg sodium, 33 g carbohydrates, 34 g protein, 171 mg calcium, 2 g fiber

SUNDAY MENUS

Each of our satisfying menus serves ten to twelve.

January 2–3: *AFC-NFC Wild-Card Playoffs*
Scoring Stromboli
Go Buffalo Chicken Wraps
Oven-baked fries*
Ten-Layer Touchdown Salad
Linebacker Brownies

January 9–10: *AFC-NFC Divisional Playoffs*
Halftime Mushroom-and Pepper Pizzas
Champion Chili with the Works
Cooked rice*
Ten-Layer Touchdown Salad
First Yard Line Fruit Salad with Tequila and Lime
Linebacker Brownies

January 17: *AFC-NFC Conference Championships*
Spicy Kickoff Stromboli
All-Pro Pasta with Meatballs
Crusty bread*
Ten-Layer Touchdown Salad
Linebacker Brownies
Chocolate sorbet*

January 31: *Super Bowl XXXIII, Pro Player Stadium, Miami, Florida*
Quarterback Dip
Go Buffalo Chicken Wraps
Ten-Layer Touchdown Salad
First Yard Line Fruit Salad with Tequila and Lime
Assorted chocolates*

*Recipe not included

CHAMPION CHILI WITH THE WORKS

Budget Recipe Of The Month

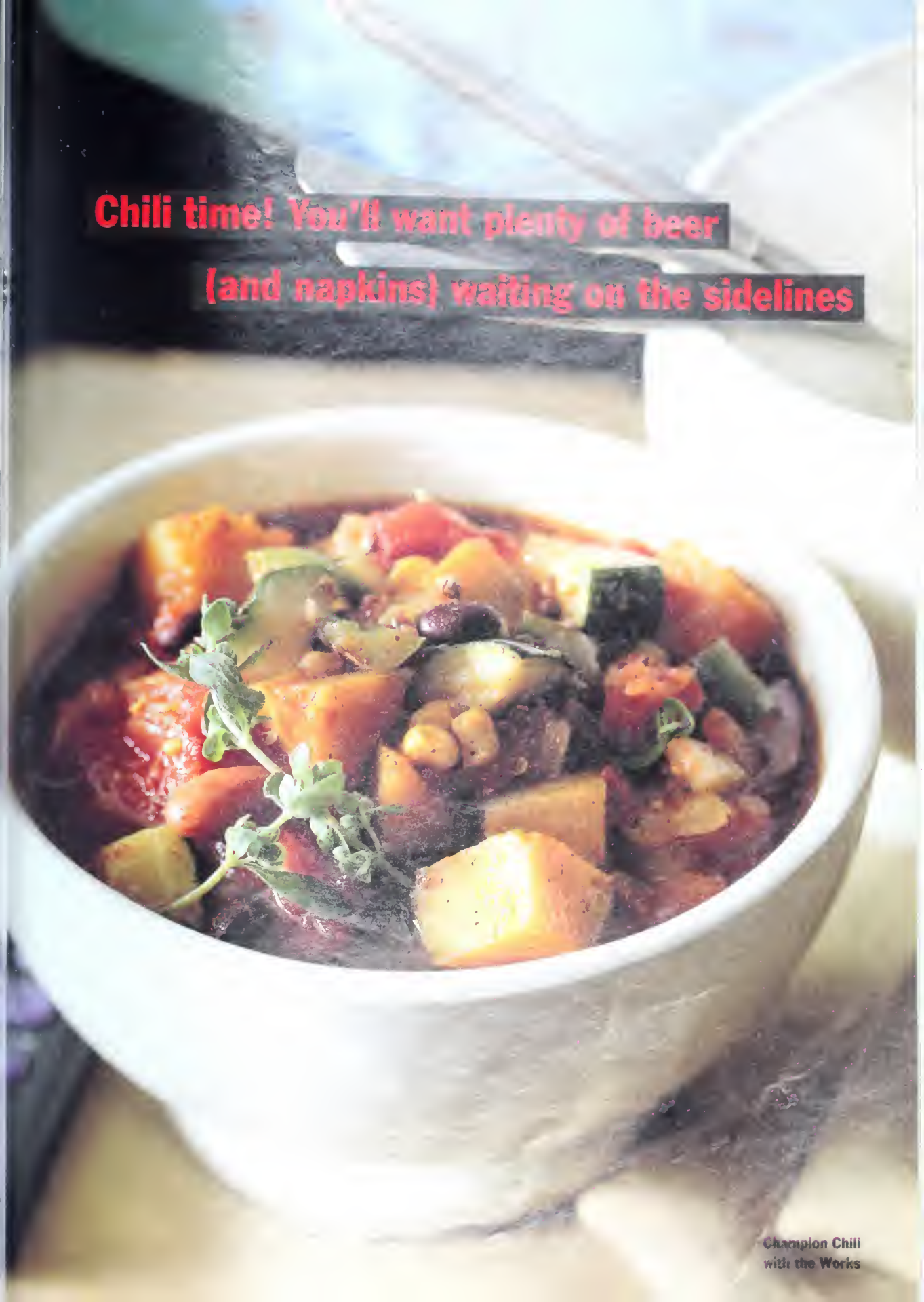
Here's a meatless chili that any aficionado will love. There are three kinds of beans and a fabulous mix of roasted vegetables. The heat comes from the smoky chipotle chile, but if you want to tame it a bit, serve the chili with sour cream, plain yogurt or shredded cheese.

Prep time: 55 to 60 minutes
Cooking time: 1 hour
Easy, Low-fat, Low-calorie

4 tablespoons olive oil, divided
1 large butternut squash (2½ lbs.), peeled, seeded and cut into ¾-inch chunks
3 medium onions, chopped
1 pound carrots, sliced
2 green bell peppers, coarsely chopped
1 box (10 oz.) frozen corn
2 tablespoons chili powder, divided
1 tablespoon cumin, divided
3 teaspoons salt, divided
½ teaspoon oregano
½ teaspoon freshly ground pepper
2 tablespoons minced garlic
2 cans (28 oz. each) plum tomatoes in juice
2 cans (12 oz. each) beer
1 chipotle chile in adobo, minced*
1 can (15 to 16 oz.) black beans, drained and rinsed
1 can (15 to 16 oz.) kidney beans, drained and rinsed
1 can (15 to 16 oz.) pinto beans, drained and rinsed
1 large zucchini, diced
Fresh thyme sprigs, for garnish

1. Adjust oven racks to center and upper third of oven. Heat oven to 425°F. Toss 2 tablespoons oil, squash, onions, carrots, green peppers, corn, ½ teaspoon *each* chili powder, cumin and salt together in a large bowl. Divide and spread on 2 large jelly-roll pans. Roast 40 to 45 minutes, stirring vegetables and rotating pans halfway through, until tender. Set aside.
2. Meanwhile, toast remaining

(continued)



Champion Chili
with the Works

...powder, cumin, 2 teaspoons salt and oregano in a nonstick skillet over medium heat, stirring constantly until spices are fragrant, about 2 minutes.
3. Heat remaining 2 tablespoons oil in a large Dutch oven over medium heat. Add garlic and cook, stirring, just until garlic begins to turn golden, about 1 minute. Stir in toasted spices and remaining ½ teaspoon salt and pepper. Add tomatoes, beer and chipotle. Bring to a boil, stirring to break up tomatoes. Add beans; return to a boil. Reduce heat, cover and simmer 30 minutes, stirring frequently. Add vegetables and zucchini; simmer 15 minutes more, stirring occasionally. Spoon into serving bowls; garnish with thyme, if desired. Makes 12 servings (18 cups).

*A CABLE FROM CHEF TODAY [illegible] 4U9 7377

Per serving: 245 calories, 6 g total fat, 5 g saturated fat, 0 mg cholesterol, 900 mg sodium, 43 g carbohydrates, 9 g protein, 135 mg calcium, 9 g fiber

HALFTIME MUSHROOM-AND-PEPPER PIZZAS

Pizza perfecto! The topping is a combo of red bell peppers, shiitake mushrooms, green onions, tomatoes and three kinds of cheese, and the crust is crispy thin.

Prep time: 45 minutes plus rising
Baking time: 15 minutes
Easy

1 recipe Pizza Dough (page 128)
3 large portobello mushrooms
2 tablespoons olive oil
2 red bell peppers, sliced
½ pound shiitake mushrooms, stems removed
4 green onions, sliced
¼ teaspoon salt
2 tablespoons cornmeal
1 cup shredded mozzarella cheese
1 cup shredded Monterey Jack cheese with jalapeño chiles
3 plum tomatoes, thinly sliced
¼ teaspoon freshly ground pepper
3 tablespoons grated Parmesan cheese
¼ cup chopped fresh cilantro

1. Prepare pizza dough as directed.
2. Meanwhile, remove dark "gills" from the portobello mushrooms (see box, right). Slice mushroom caps. Set aside.
3. Heat oil over medium-high heat in a large nonstick skillet. Add bell peppers; cook 4 minutes, until softened. Add mushrooms; cook 5 to 7 minutes, until softened and liquid evaporates. Stir in green onions and salt; spread on a cookie sheet to cool.
4. Meanwhile, arrange oven racks in lower and upper third of oven. Heat oven to 450°F. Grease two 14-inch pizza pans or large cookie sheets; sprinkle each pan with 1 tablespoon cornmeal. Divide pizza dough in half. On a lightly floured surface with a floured rolling pin, roll each piece into a 14-inch circle and place one on each prepared pan.
5. Combine mozzarella and Monterey Jack in a small bowl. Sprinkle dough circles with half the cheese. Divide and top with mushroom mixture; sprinkle with remaining cheese. Divide and top pizzas with tomatoes, pepper and Parmesan. Bake 15 minutes, rotating pans halfway through, until cheese is browned and bubbly. Cool 5 minutes before serving. Sprinkle with cilantro. Cut into wedges. Makes 2 pies (8 slices per pie).

Per slice: 200 calories, 8.5 g total fat, 3 g saturated fat, 14 mg cholesterol, 279 mg sodium, 24 g carbohydrates, 7 g protein, 112 mg calcium, 1 g fiber



PRETTY PORTOBELLOS

Portobello mushrooms are an extremely mature form of cremini mushrooms (which are variations of the common white mushroom). Because portobellos are so large (they can measure six inches in diameter), the black gills under the mushroom caps are fully exposed. While the gills are perfectly safe to eat, they will cause cooked mushrooms to darken when sliced. To remove the gills, detach the stem from the mushroom. With a knife or teaspoon, gently scrape away the black portion under the cap.

SCORING STROMBOLI

Stromboli, a Philadelphia specialty, is traditionally a cheese-and-pepperoni sandwich wrapped in pizza dough. To feed a bunch of hungry fans, we made our stromboli hero-size and cut it into slices. We use rosemary ham in the filling. You'll find it in the deli section of the supermarket.

Prep time: 25 minutes plus rising
Baking time: 15 to 20 minutes
Easy

1 recipe Pizza Dough (page 128)
½ pound sliced rosemary ham or baked ham
½ pound fontina cheese, shredded
1 large egg, beaten
2 tablespoons grated Parmesan cheese
¼ teaspoon chopped fresh rosemary

1. Prepare pizza dough as directed.
2. Heat oven to 425°F. Grease a large cookie sheet. Divide dough in half. On a lightly floured surface, with floured rolling pin, roll one piece of dough to a 15x8-inch rectangle. Top with half of ham, overlapping slices and leaving a ½-inch border. Sprinkle ham with half the fontina. Brush the border along one long edge with egg. Roll up from opposite long edge of dough not brushed with egg. Pinch seam to seal. Place roll seam side down on prepared cookie sheet; pinch ends and tuck under. Repeat with remaining dough and filling, arranging rolls 4 inches apart on cookie sheet. Brush tops of rolls with egg. Make 5 shallow diagonal slashes on top of each roll. Combine Parmesan and rosemary in a small bowl; sprinkle over tops of rolls.
3. Bake 15 to 20 minutes, until browned. Cool on wire rack. *(Can be made ahead. Cover and refrigerate up 2 days or let stand at room temperature up to 4 hours. To reheat, bake in 375°F. oven 5 minutes.)* Cut each roll into eighteen ½-inch-thick slices. Makes 36 slices.

Per slice: 85 calories, 3.5 g total fat, 1.5 g saturated fat, 16 mg cholesterol, 213 mg sodium, 9 g carbohydrates, 4 g protein, 43 mg calcium, .5 g fiber

SPICY KICKOFF STROMBOLI

These zesty sandwiches are filled with sun-dried tomatoes, olives, garlic and red pepper flakes. Mild provolone cheese lends a mellow richness to the mix, or try sliced Swiss cheese instead.

Prep time: 35 minutes plus rising
Baking time: 15 to 20 minutes
Easy

1 recipe Pizza Dough (page 128)
¼ cup oil-packed sun-dried tomatoes, drained and finely chopped
¼ cup kalamata olives, pitted and chopped
¼ cup pimiento-stuffed green olives, chopped
¼ cup chopped fresh flat-leaf parsley
3 tablespoons grated Parmesan cheese
1 teaspoon minced garlic
¼ teaspoon oregano
¼ teaspoon red pepper flakes
½ pound sliced provolone cheese
1 large egg, beaten

1. Prepare pizza dough as directed.
2. Meanwhile, combine *(continued)*



10 calories



eh... make that 12

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FOR SUGAR FREE RECIPE

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sun-dried tomatoes, kalamata olives, green olives, parsley, Parmesan, garlic, oregano and red pepper flakes in a small bowl.

3. Heat oven to 425°F. Grease a large cookie sheet. Divide pizza dough in half. On a lightly floured surface, with floured rolling pin, roll one piece of dough to a 15x8-inch rectangle. Top with half of provolone cheese, leaving a ½-inch border. Sprinkle cheese with half the olive mixture. Brush the border along one long edge with egg. Roll up from opposite long edge of dough not brushed with egg. Pinch seam to seal. Place roll seam side down on prepared cookie sheet; pinch ends and tuck under. Repeat with remaining dough and filling, arranging rolls 4 inches apart on cookie sheet. Brush tops of rolls with egg. Make 5 shallow diagonal slashes on top of each roll.

4. Bake 15 to 20 minutes, until browned. Cool on wire rack. *(Can be made ahead. Cover and refrigerate up to 2 days or let stand at room temperature up to 2 hours. To reheat, bake in 375°F. oven 5 minutes.)* Cut each roll into eighteen ½-inch-thick slices. Makes 36 slices.

Per slice: 85 calories, 4 g total fat, 1.5 g saturated fat, 11 mg cholesterol, 207 mg sodium, 9 g carbohydrates, 3 g protein, 60 mg calcium, 5 g fiber

PIZZA DOUGH

Prep time: 10 minutes plus rising
Easy

¼ cup warm water (105°F. to 115°F.)
1 tablespoon honey
1 package active dry yeast
3 cups all-purpose flour
1 teaspoon salt
¾ cup water
2 tablespoons olive oil

1. Stir ¼ cup warm water and honey in 2-cup glass measure until blended. Sprinkle top of mixture with yeast and let stand 5 minutes, until yeast is bubbly.

2. Meanwhile, pulse together flour and salt in food processor to combine.

3. Add ¾ water and olive oil to yeast mixture. With motor running, pour yeast mixture through feed tube; process 1 minute, until mixture forms a ball. Place dough in a greased bowl, turning to grease top. Cover and let rise in a warm, draft-free place until doubled in bulk, about 1 hour. Makes enough for 2 pizzas or strombolis.

ALL-PRO PASTA WITH MEATBALLS

Baked pasta is a surefire crowd pleaser, especially when it's chock-full of spicy meatballs, tomato sauce and cheese.

Prep time: 1 hour
Baking time: 35 minutes
Easy

1½ pounds lean ground beef
1 pound hot Italian sausage links, casings removed
1 clove garlic, peeled
1 box (10 oz.) frozen chopped spinach, thawed
½ cup plain dry bread crumbs
1 cup freshly grated Parmesan cheese, divided
2 large eggs
½ teaspoon salt
½ teaspoon freshly ground pepper
6 cups prepared marinara or pasta sauce
1 pound ziti
1 container (15 oz.) part-skim ricotta cheese
½ pound part-skim mozzarella cheese, cut into ½-inch cubes
2 tablespoons chopped fresh parsley

1. Crumble ground beef and sausage into a large bowl. Press garlic through a garlic press. Add to mixture with spinach (do not squeeze dry), bread crumbs, ½ cup Parmesan, eggs, salt and pepper. Mix and shape by rounded tablespoons into 5 dozen meatballs. Arrange meatballs on a cookie sheet.

2. Bring tomato sauce to a simmer, stirring occasionally, in a large Dutch oven. Carefully drop meatballs, 1 at a time, into sauce. Cover and simmer 30 minutes, swirling the pan occasionally to prevent meatballs from sticking.

3. Meanwhile, heat oven to 375°F. Cook pasta according to package directions just until al dente, about 8 minutes. Drain. Transfer pasta to shallow 4-quart baking dish. Add sauce and meatballs, then stir all ingredients to combine. Cover dish loosely with foil and bake 20 minutes.



4. Combine ricotta and remaining ½ cup Parmesan in a bowl.

5. Uncover dish and sprinkle with mozzarella; stir to combine. Spoon rounded tablespoonfuls of ricotta mixture over pasta. Cover loosely; bake 15 minutes more. Sprinkle with parsley. Makes 12 servings.

Per serving: 675 calories, 38 g total fat, 15 g saturated fat, 135 mg cholesterol, 1,681 mg sodium, 48 g carbohydrates, 37 g protein, 413 mg calcium, 4 g fiber

TEN-LAYER TOUCHDOWN SALAD

Get ready to tackle the produce aisle. You'll need a whole team of vegetables to whip up this beauty of a salad. And because it's so light and refreshing, this is the perfect salad to serve with any of our football menus. If preparing ahead, cover the serving dish with damp paper towels to keep the vegetables crisp.

Total prep time: 40 minutes
Easy

Dressing
1 clove garlic, peeled
½ cup olive oil
¼ cup Dijon mustard
¼ cup water
2 tablespoons balsamic vinegar
½ teaspoon salt
½ teaspoon freshly ground pepper
½ cup fresh flat-leaf parsley leaves

½ pound sugar snap peas, strings removed
1 large head romaine lettuce, torn into bite-size pieces
2 large carrots, shredded
3 celery ribs, sliced
4 tomatoes, cut into chunks, or 2 pints cherry tomatoes, halved
1 medium cucumber, peeled, halved lengthwise and sliced
2 yellow bell peppers, diced
2 cups finely shredded red cabbage
1 bunch radishes, thinly sliced
½ cup chopped red onion
Fresh flat-leaf parsley, for garnish

1. *Make dressing:* Press garlic through a garlic press. Puree garlic, oil, mustard, water, vinegar, salt and pepper in a blender until smooth. Add parsley and blend until chopped. Transfer to a bowl.

2. Bring a small pot of water to a boil. Add sugar snap peas; cook 1 minute. Drain and rinse with cold water until cool; pat dry.

3. In a large straight-sided glass bowl, layer lettuce, carrots, celery, *(continued)*



It used to be that you could experience the sweet, silky richness of white chocolate pudding only in your dreams. But now, your wish for white chocolate pudding has been granted. Because it's totally sugar free and fat free. Go ahead, pinch yourself.

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tomatoes, cucumber, bell pepper, cabbage, sugar snap peas, radishes and onion. *(Can be made ahead. Cover and refrigerate salad and dressing separately up to 4 hours.)*
4. Garnish salad with parsley; serve with dressing on the side. Makes 12 servings.

Per serving: 135 calories, 9.5 g total fat, 1 g saturated fat, 0 mg cholesterol, 245 mg sodium, 10 g carbohydrates, 3 g protein, 58 mg calcium, 3 g fiber



LINEBACKER BROWNIES

In honor of football season, we created the most moist and chocolaty brownies you'll ever taste! Decorate the top with chocolate candies while the brownie is still hot. (This way the candies won't fall off when the brownie is cut into bars.)

Prep time: 20 minutes plus chilling
Baking time: 25 to 30 minutes
Easy

8 ounces unsweetened chocolate squares
1 cup butter or margarine, softened
2½ cups sugar
8 large eggs
1 tablespoon vanilla extract
1½ cups all-purpose flour
¼ cup unsweetened cocoa
¼ teaspoon salt
8 foil-wrapped solid milk-chocolate candies
7 foil-wrapped solid milk-and-white-chocolate candies

1. Melt chocolate squares according to package directions; cool.
2. Meanwhile, heat oven to 325°F. Line a 15x10-inch jelly-roll pan with foil. Grease foil. Set aside.
3. Beat butter and sugar in a large mixer bowl at low speed until creamy, about 2 minutes. Beat in eggs 1 at a time, until well mixed. Beat in cooled chocolate and vanilla. Stir in flour, cocoa and salt. Spoon batter into prepared pan and spread evenly.
4. Bake 25 to 30 minutes, until a toothpick inserted in center comes out with a few moist crumbs (toothpick should not be too wet).
5. Meanwhile, unwrap candies. Cut each candy in half lengthwise.
6. Turn oven off. Remove pan from oven. Arrange candies on top of brownie with cut sides down, in 6 rows (5 candies across per row). Return brownie to turned-off oven; let stand 5 minutes. Completely cool brownie in pan on wire rack. Refrigerate 30 minutes. Cut into squares. *(Can be made ahead. Wrap well and freeze up to 2 weeks.)* Makes 30 brownies.

Per brownie: 220 calories, 12.5 g total fat, 7 g saturated fat, 74 mg cholesterol, 102 mg sodium, 26 g carbohydrates, 3 g protein, 21 mg calcium, 2 g fiber



FIRST YARD LINE FRUIT SAL WITH TEQUILA AND LIME

Lime juice accentuates the flavor o fresh fruit, and it certainly works it magic here in this glorious assortment.

Prep time: 30 minutes plus chilling
Cooking time: 10 minutes
Easy

Syrup
¾ cup sugar
¼ cup water
¼ cup fresh lime juice
2 to 3 tablespoons tequila

3 cups fresh pineapple chunks
2 pints fresh strawberries, halved
½ pound green seedless grapes
2 pink grapefruits, sectioned
2 navel oranges, sectioned
4 kiwis, peeled and cut into chunks
2 ripe mangoes, peeled and cut into chunks
1 teaspoon grated lime peel

1. *Make syrup:* Bring sugar and wate to a boil in a small saucepan. Reduc heat and simmer until sugar dissolve about 2 minutes. Remove from heat and stir in lime juice and tequila. Co to room temperature, cover and refrigerate 2 hours, until cold.
2. Meanwhile, combine pineapple, strawberries, grapes, grapefruit, oranges, kiwis and mangoes in a larg serving bowl; stir gently to combine. *(Can be made ahead. Refrigerate up to 2 hours.)* Just before serving, stir lim peel into syrup, and drizzle syrup ov fruit. Makes 10 servings (12 cups).

Per serving: 200 calories, 1 g total fat, 0 g saturated fat, 0 mg cholesterol, 4 mg sodium, 48 g carbohydrates, 2 g protein 46 mg calcium, 5 g fiber ●

Recipes by Sarah Reynolds

LHJ SPECIAL OFFER



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To help get your Super Bowl fans in a festive mood, you'll need a stadium full of flavor. Serve your favorite snacks to your guests in the Football Stadium Chip and Dip. This handcrafted 13½x11¼x3½-inch ceramic stadium holds a generous amount of munchies. The football bowl is 5¾x4¼x2¼ inches and can be left inside the stadium or removed. Have a great party!

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Asian Noodles

We all love lo mein for takeout, but there are oodles more noodles to try that are just as delicious



1. Chinese lo mein (a broad wheat-flour
2. Japanese udon (a thick wheat-flour n
3. Vietnamese banh pho (a rice noodle)
4. Japanese sarashina soba (a white bu
flour noodle). 5. Japanese yabu soba (a
buckwheat-flour noodle). 6. Thai ba me
noodle). 7. Chinese sai fun (a bean-bas

Although Italians continue to claim them as their invention, noodles are in fact also a Chinese culinary creation, dating back to 100 B.C. (It wasn't until the thirteenth century that Marco Polo, according to legend, introduced noodles to the West.) Fast-forward to the nineties, and Asian noodles are in American supermarkets everywhere. And just as Italy has every form of pasta from angel hair to ziti, Asian noodles are also dazzling for their diversity—there are rice noodles and wheat noodles, bean thread, soba and udon noodles, to name just a few—all of different sizes and shapes and used in different dishes. See "Using Your Noodles" for a lexicon of noodle varieties; meanwhile, try this sweet and spicy noodle salad.

ASIAN NOODLE-AND-BEEF SALAD

Test Kitchen Favorite

Three kinds of noodles are used in this Vietnamese-style salad wheat-flour, buckwheat and rice. The noodles are served on crisp lettuce, tossed with a chili-lime dressing, then topped with strips of succulent beef. If you can't find the types of noodles specified here, substitute whatever is available in your market.

Prep time: 30 minutes
Cooking time: 14 to 16 minutes
Easy

Curry Marinade
- *1 tablespoon finely chopped garlic*
- *2 tablespoons Asian fish sauce (nam pla)**
- *2 teaspoons curry powder*
- *¼ teaspoon sugar*

- *¾ pound beef round (bottom round rump roast), cut into strips*

Dressing
- *½ cup rice wine vinegar*
- *¼ cup Asian fish sauce (nam pla)**
- *¼ cup fresh lime juice*
- *¼ cup finely shredded carrot*
- *3 tablespoons sugar*
- *1 whole Thai chili pepper, finely chopped, or ½ teaspoon red pepper flakes*
- *2 teaspoons chopped garlic*

- *4 ounces wheat-flour noodles*
- *4 ounces Japanese soba (buckwheat) noodles*
- *4 ounces rice noodles*
- *2 stalks lemon grass, outer peel removed, or 1 teaspoon grated lemon peel*
- *1 head Boston lettuce, coarsely chopped*
- *1 cucumber, peeled, seeded and shredded*
- *2 teaspoons vegetable oil, divided*
- *2 tablespoons sliced green onions*



1. *Make marinade:* Combine all ingredients on a plate. Rub marinade onto beef strips; let stand 30 minutes.
2. *Make dressing:* Meanwhile, combine all ingredients in cup.
3. Bring large stockpot of water to boil; add wheat noodles and cook 4 minutes, until tender. Scoop noodles out with a fine-mesh sieve; rinse under cold water and transfer to bowl. Repeat process with soba and rice noodles, transferring each batch to a separate bowl. *(Can be made ahead. Refrigerate individually in airtight containers up to 24 hours. Rinse with warm water before using.)*
4. Thinly slice lemon grass just up to where single stalk divides; discard *(continued*

Is it crea



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remaining stalk. Toss lettuce and cucumber in a bowl; set aside.
5. Heat 1 teaspoon oil in 12-inch nonstick skillet over high heat. Add half the beef and half the lemon grass (or lemon peel, if using); stir-fry 1 to 2 minutes, then transfer to plate. Repeat.
6. Arrange lettuce on 4 serving plates. Divide noodles on top, then drizzle salads with half the dressing. Divide beef on top of noodles; sprinkle with green onions. Serve with remaining dressing. Makes 4 servings.

Per serving: 630 calories, 18.5 g total fat, 5.5 g saturated fat, 54 mg cholesterol, 1,230 mg sodium, 89 g carbohydrates, 31 g protein, 94 mg calcium, 6 g fiber ●

Recipe by Cynthia DePersio

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USING YOUR NOODLES

Here's a list of the most common Asian noodles you're likely to see in stores or on menus. When shopping, remember that dried noodles will keep indefinitely; fresh ones can be refrigerated 2 to 3 days.

EGG NOODLES Made from wheat flour and egg. Varieties include *dan mian* and *hokkien mee* (China), *ba mee* (Thailand and Indonesia) and *mee* (Malaysia). Available fresh or dried and either thin and round or like wide ribbons in shape. Yellowish in color. Use in stir-fry dishes or soups. Substitute: linguine, fettuccine, spaghettini.

WHEAT-FLOUR NOODLES Made from wheat flour, water and salt. Whiter in color than egg noodles. *Lo mein* (China) is a narrow or broad noodle that's available fresh or dried. Use in soups and stir-fry dishes. Substitute: fettuccine or thin linguine. *Udon* (Japan) is a thick, white wheat-flour noodle that's available fresh (called *nama udon*) or dried, and resembles long, flat sticks. Substitute: any ribbon-shaped pasta.

RICE NOODLES Noodles made from a dough of finely ground rice and water. Opaque in color, they vary in size and thickness, can be fresh or dried, and are available in two distinct forms. Rice Stick Noodles, such as *py mee fun, ngunsi fun, lai fun* (China), *sen mee* (Thailand), *bee hun* (Indonesia), *banh pho* (Vietnam) and *chee cheong fun* (Malaysia), are thin, threadlike and grayish white. They are sold in hanks or bundles and used in soup and stir-fry dishes. Deep-fried, they puff up and are a great topping for entrées. Substitute: vermicelli or capellini.
Broad Rice Stick Noodles such as *ho fun* (China). Flat, ribbonlike, and grayish white, these noodles are used in soups and stir-fry dishes. Substitute: linguine, fettuccine.

SOBA NOODLES These dried noodles from Japan are made from finely ground buckwheat flour and are used chiefly in salads or soups. They come in two versions: *yabu soba*, made from the outer portion of the grain, are straight flat sticks 7 to 10 inches long and pale gray in color. Substitute: whole-wheat linguine or spaghetti. *Sarashina soba*, although the same shape and length as yabu, are made from white buckwheat flour milled from the center of the grain, are white in color and are often flavored with tea, sesame seeds or herbs. Substitute: linguine or spaghetti.

BEAN-BASED NOODLES (also known as bean thread, cellophane, or glass thread noodles) are very thin, brittle and translucent dried noodles made from mung-bean starch. Sold wrapped in bundles, the many varieties include *fun see, fen szu, sai fun* (China), *harusame* (Japan), *wun sen* (Thailand) and *lak sa* (Indonesia). Use in soups or like rice-stick noodles, deep-fry. Substitute: vermicelli.

—Carol Prager and Cynthia DePersio

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Ladies' Home Journal Kitchen

NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan nutritious meals.

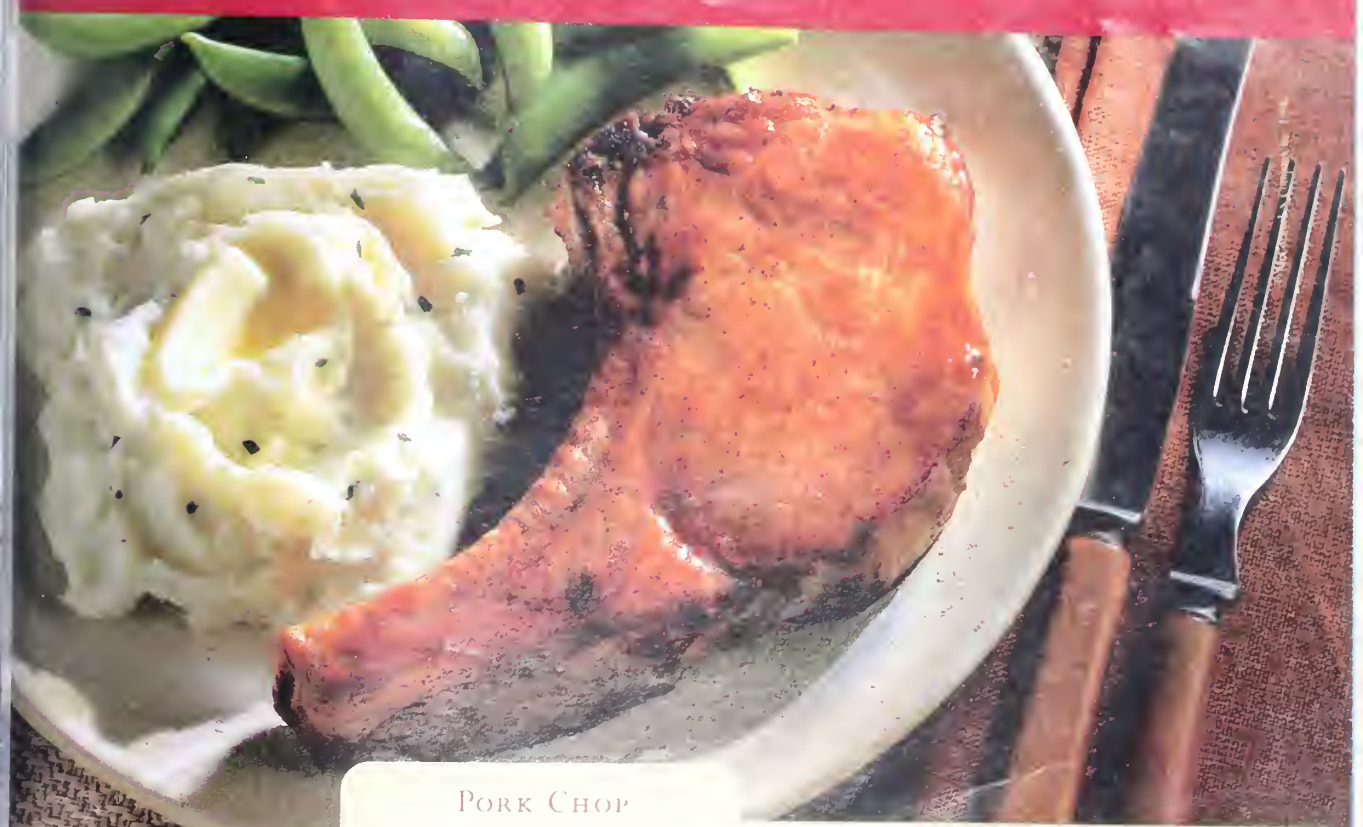
Daily Goal

Calories	2,000 (F); 2,500 (M)
Total fat	60 g or less (F); 70 g or less (M)
Saturated fat	20 g or less (F); 23 g or less (M)
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

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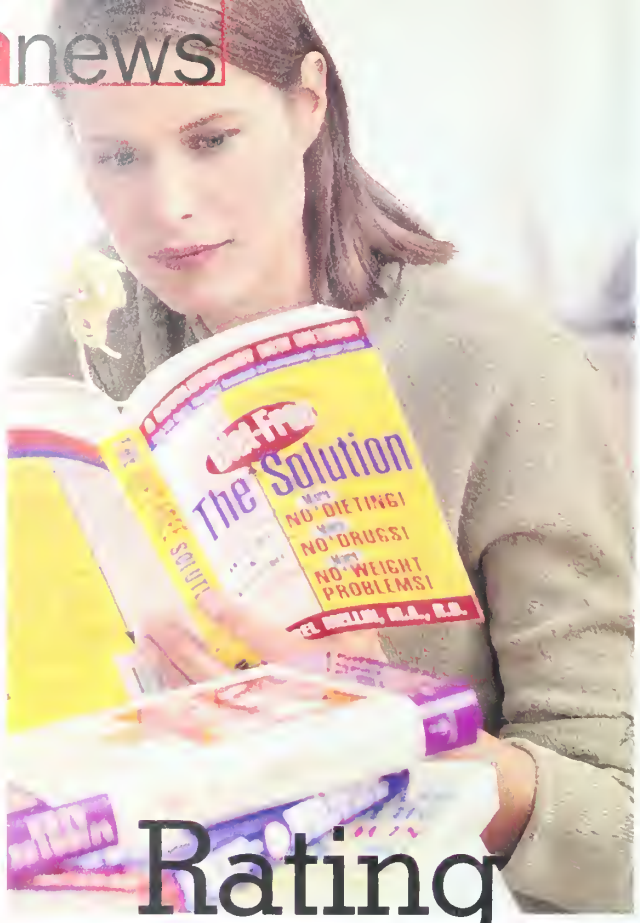


PORK CHOP

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Rating the Hot Diets

Will the newest programs make a loser out of you? We asked the experts

By Stacey Colino

Just when you think you know all about the latest diet of the day, another one comes along . . . then another. And, it seems, each offers a more tantalizing promise. Who can resist, for example, the possibility of losing weight while eating whatever you like?

But how do you tell whether the diets actually melt off pounds—and whether they're good for you? Well, we have the skinny: Here, weight-loss and nutrition experts cut through the hype and spell out what really works in these popular plans, and what strategies you should avoid.

Dr. Atkins' New Diet Revolution by Robert C. Atkins, M.D. (Avon, 1998) has sold more than three million copies and continues to rank high on the best-seller lists.

The premise: This slightly revamped version of the popular Atkins diet from the seventies has the same underlying theory: That high-carbohydrate diets lead to obesity, uncontrollable hunger and cravings. Atkins contends that by restricting carbohydrates and eating large amounts of high-protein foods, you'll lose weight and be able to maintain your slimmer shape. On the fourteen-day plan, you're allowed to eat only moderate portions of vegetables and salad but plenty of butter, eggs, cheese, meat, fish and fowl; this puts the body into a state of ketosis, causing it to rely on fat stores—instead of carbohydrates—for energy.

Does it work? "It's deceptive because if people start the diet on a Friday, they might drop eight pounds by Monday, but what they're losing is water weight, which is temporary," says nutrition scientist Cheryl Rock, Ph.D., R.D., an associate professor of family and preventive medicine at the University of California, San Diego.

Is it healthy? No. With this diet, it's easy to consume too much fat and protein and not enough dietary fiber. In fact, "a high-protein diet may actually tax your kidneys, and it can be dehydrating," says Liz Ward, M.S., R.D., a spokesperson for the American Dietetic Association (ADA) in Boston.

What's good about it: The plan allows you to eat eggs and lean meats, which many diets don't.

What's hard to swallow: "The plan claims not to be a high-fat diet, but in practice it can be because the food choices are so limited," Rock says.

Final weigh-in: It might help a normal, healthy person drop a quick five pounds in time for a special occasion. But because the diet promotes ketosis, Rock says, it could be dangerous for others with certain chronic health conditions, like diabetes.

Sugar Busters! by H. Leighton Steward, Morrison C. Bethea, M.D., Sam S. Andrews, M.D., and Luis A. Balart, M.D. (Ballantine, 1998) is high on the best-seller list with more than nine hundred thousand copies in print.

The premise: Cutting sugar—rather than calories—is the secret to losing weight. Sugar, the authors claim, is toxic because it causes the body to produce too much insulin and store fat. The idea is that by avoiding foods with a high-glycemic index (including white bread, corn, white rice, pasta, potatoes, carrots and watermelon), as well as avoiding certain combinations of foods—such as fruit with other carbohydrates—you can slim down and lower your cholesterol.

Does it work? "It would if you follow it religiously, because it's very low in calories," says Chris Rosenbloom, Ph.D., R.D., an associate professor of nutrition at *(continued)*



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Georgia State University, in Atlanta. "The meal plans have twelve hundred calories a day, with thirty-nine percent of calories from carbohydrates and twenty-eight percent from fat."

Is it healthy? Not really. For one thing, it's twice as high in protein as is recommended, Rosenbloom points out. It's also low in iron, calcium, vitamin A and folic acid.

What's good about it: "The authors are right in saying we shouldn't only pay attention to fat," Rock says. "The obesity rate [in the U.S.] is up even though the typical American's fat intake is down, and that's because calorie levels are up."

What's hard to swallow: "There's no scientific data to support the theory behind this approach," says John Foreyt, Ph.D., director of the Behavior Medicine Research Center at Baylor College of Medicine, in Houston. "It's not insulin-resistance that makes you fat; being fat makes you insulin-resistant."

Final weigh-in: "It's seductive, but I wouldn't recommend it," says Foreyt.

The Weigh Down Diet by Gwen Shamblin, R.D. (Doubleday, 1997) has sold more than six hundred thousand copies.

The premise: The idea of using divine intervention to resist the powerful pull of the refrigerator began in workshops given in churches around the country. In the book, Shamblin, who founded the workshop and often quotes from the Bible, claims that diets don't work. The plan lets you eat anything you want, as long as you eat only when you're truly hungry and stop when you're full. "Pray for God to help and watch what happens," she urges.

Does it work? "The diet works if you eat very little," says ADA spokesperson Kathleen Zelman, R.D., a nutrition consultant in Atlanta. "But if you don't believe in divine intervention, you may have trouble losing on this one."

Is it healthy? Nope. There's no emphasis on making low-fat, nutritious food selections.

What's good about it: The plan increases awareness of true physical hunger and satiety, which can help with weight control.

What's hard to swallow: The recommendation to deprive yourself. Letting yourself get ravenously hungry doesn't help you lose weight; it often triggers binges.

Final weigh-in: If you're a true believer, it may help you tap in to your faith and sense of spirituality to gain willpower and get out of the morass of overeating, Foreyt says. But the plan won't teach you how to modify your diet to promote weight loss and good health.

Some new weight-loss ideas may sound mighty seductive. Too bad they're not necessarily based on science

The Diet-Free Solution by Laurel Mellin, M.A., R.D. (ReganBooks, 1998) has currently sold more than one hundred thousand copies.

The premise: Written by an associate clinical professor at the University of California, San Francisco, this program focuses on the main causes of weight problems—not nurturing yourself emotionally, the inability to set limits, body shame, physical malaise, unbalanced eating habits and an unfulfilling lifestyle—and offers appropriate solutions for each. The secret to conquering your weight problems, Mellin contends, is to learn to cultivate inner strength, take care of your own needs, honor and respect your body, eat healthfully, and carve out time for exercise. The plan calls for a balanced diet with no more than 25 percent of calories from fat, plus plenty of foods that are rich in fiber, vitamins, minerals and trace nutrients.

Does it work? "This can be a very powerful, effective way to lose weight," Foreyt says. "It's a healthy approach because it's well rounded and tries to get at the root of the overeating problem by looking at lifestyle and emotional issues."

Is it healthy? Yes. The dietary and exercise advice is sound, as are the mind-body strategies.

What's good about it: The plan addresses the many-faceted issue of overeating, including emotional triggers, which is neglected in many approaches. It also places a premium on creating a balanced diet that incorporates a variety of foods, and focuses on increasing physical activity.

What's hard to swallow: "There really isn't anything here that's bad advice or questionable," Rock says.

Final weigh-in: While it could help anyone who's trying to trim down, this approach may be especially useful for those who have had a long-standing battle with the scale. •

The Next Wave

It's been all the rage in Britain and it's just arrived in bookstores here: *The Kensington Way* by Stephen Twigg (Dutton, 1998), a holistic health practitioner who counts the late Princess Diana among his clients, is a weight-loss program that relies on combining specific foods, rotating food choices and using mind-body techniques—such as affirmations—to transform you from fat to fit.

The right food combinations—fish or poultry with vegetables, for instance—take off pounds, Twigg contends. Conversely, the wrong ones—like protein coupled with starchy carbohydrates—keep them on. Likewise, he says, all the foods you eat should be on a five-day rotation, except for fruits, vegetables and yogurt, to eliminate toxins in the body.

Is this brilliant science—or sheer nonsense? "Whenever you put limits on what you can eat, it leads to weight loss because you eat fewer calories," Cheryl Rock says. "But this plan isn't healthy because you're likely to miss lots of nutrients. There's little guidance on portion control—and no scientific evidence that food combining works. The food-rotation concept is another trick to make you not eat stuff you'd normally eat. The whole thing is amazingly unscientific." —S.

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Citrus Tart

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Even at their tartest and tangiest, citrus fruit is winter's sweetest treat

CITRUS TARTS

Food Editor's Favorite

These individual tarts—rich, vibrant and bursting with sweet-orange-, lemon- and lime-flavored curd—are the quintessential winter dessert. When preparing the curd, heat gently but do not let it boil; while you want the mixture to thicken, boiling will cause the eggs in it to scramble. The proper result is a velvety curd that literally melts in your mouth. For an elegant finish, top the tarts with lime-sugared orange slices.

Prep time: 1 hour plus chilling
Baking time: 12 to 15 minutes
Moderate, Microwave Used

Citrus curd
- *6 tablespoons fresh orange juice*
- *2 teaspoons fresh lemon juice*
- *2 teaspoons fresh lime juice*
- *2 large egg yolks, at room temperature*
- *¾ cup sugar*
- *6 tablespoons unsalted butter, melted (no substitutions)*
- *Pinch salt*

Tart crusts
- *1⅔ cups all-purpose flour*
- *¼ cup sugar*
- *⅛ teaspoon salt*
- *½ cup unsalted butter (no substitutions), divided*
- *3 tablespoons shortening*
- *1 tablespoon fresh orange juice*

Orange slices
- *9 thin slices navel orange (about 2 oranges)*
- *¾ cup sugar*
- *½ cup brandy*

- *1 tablespoon sugar*
- *1 teaspoon grated lime peel*

1. *Make citrus curd:* Combine all ingredients in food processor and puree until smooth. Transfer to small heavy saucepan. Cook, stirring, over medium-low heat, 4 to 5 minutes, until mixture thickens and registers 180°F. on an instant-read thermometer. Pour mixture through a fine sieve into medium bowl. Place bowl into larger bowl. Add enough ice water to large bowl to reach halfway up bowl with curd. Stir curd occasionally until cold and thick, 30 minutes. Remove curd from ice water. Cover top of curd with plastic wrap and refrigerate 2 hours. *(Can be made ahead. Refrigerate up to 24 hours.)*

2. *Make tart crusts:* Pulse flour, sugar and salt in food processor. Add ¼ cup butter, cut up, and shortening and pulse until coarse crumbs form. Microwave remaining ¼ cup butter in a 1-cup glass measure covered with plastic wrap, 30 seconds or just until melted. Cool slightly. Stir in orange juice. Add melted butter mixture to flour mixture and pulse again until moist and crumbly. Gather dough into a ball and divide into 6 equal pieces. Press each piece into six 4½-inch tartlet pans with removable bottoms. Arrange tarts on large jelly-roll pan. Freeze 10 minutes.

3. Heat oven to 400°F. Bake tarts 12 to 15 minutes, until golden brown, rotating the jelly-roll pan after 11 minutes. Transfer tarts to wire rack; cool in pans.

4. *Make orange slices:* Cut each orange slice in half. Lightly coat a 20-inch sheet of waxed paper with vegetable cooking spray. Combine sugar and brandy in 12-inch skillet. Add orange slices and bring to boil; reduce heat and cook 10 to 12 minutes, until sauce is syrupy and oranges are tender. Lightly coat a metal spatula with vegetable cooking spray and transfer orange slices to prepared paper; cool.

5. *To assemble:* Divide and spread curd in crusts. *(Can be made ahead. Cover loosely and refrigerate up to 24 hours.)* Top each tart with 3 overlapping orange slices.

6. Just before serving, combine sugar and lime peel in cup. Divide and sprinkle oranges with lime sugar. Makes 6 tarts.

Per tart: 765 calories, 39 g total fat, 20 g saturated fat, 285 mg cholesterol, 85 mg sodium, 92 g carbohydrates, 7 g protein, 46 mg calcium, 1 g fiber ●

Recipe by Cynthia DePersio

Season's Best

Lemons, limes, grapefruit and oranges are plentiful—but so are some more unusual options. Try: Clementines (Mandarin orange family) with their apricot-nectar flavor; Moro oranges, with ruby-red flesh and raspberry flavor; and pomelos (thought to be a grapefruit ancestor), spicy-sweet to tangy-tart.





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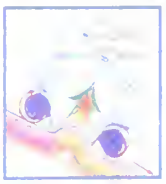
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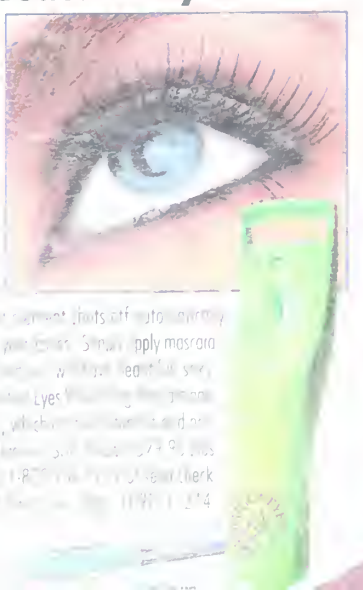
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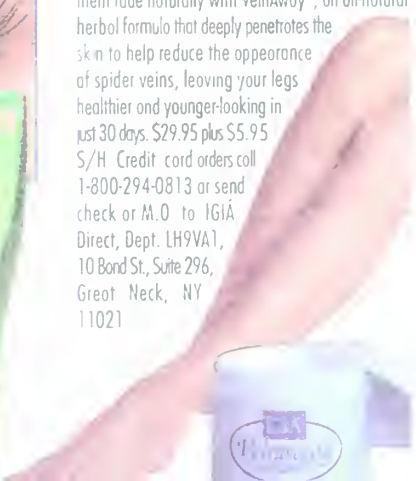
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inside the journal kitchen



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Dear LHJ,
Last Christmas, I had the Cream of Herb Soup at Heimann's Restaurant, in St. Petersburg, Florida. It was so delicious that I did something I'd never done before—I ordered a second bowl as my main course! Could you please get the recipe?

—*Cathy Brownstein*
Briarcliff Manor, New York

SOPHISTICATED AND SATISFYING

A host of chopped fresh herbs adorn this creamy broth laden with shrimp.

CREAM OF GARDEN-FRESH HERBS WITH SHRIMP
Indulgent But Worth It

1. Melt *2 tablespoons butter* in a medium saucepan; whisk in *2 tablespoons flour* until combined. Slowly whisk in *2 cups beef broth.* Simmer broth 15 minutes.
2. Meanwhile, bring *1 quart of salted water* and *3 bay leaves* to a boil in saucepan. Add *20 medium shrimp (about 9 oz.), peeled and deveined,* and cook for 2 minutes, until opaque; drain.
3. Stir *1½ cups heavy cream* into broth; return to a simmer. Remove pan from heat. Stir in *¼ teaspoon salt; ⅛ teaspoon white pepper; ¼ cup chopped fresh flat-leaf parsley; 2 fresh sage leaves, chopped, or 1 tablespoon chopped fresh parsley and ¼ teaspoon dried sage; 1 teaspoon* each *chopped fresh thyme and fresh dill.*
4. Divide soup into 4 serving bowls and arrange 5 shrimp on top of each serving. Garnish with *sage leaves.* Makes 4 servings. ●

JULIA AND SUSAN

ontinued from page 103

JSAN: I wanted to take my daughr Eva on the trip. Costa Rica is a ally beautiful place. I was telling ilia about it, and this little trip st evolved.

IJ: So what did you learn about ch other?

JSAN: Julia is very flexible; and orpions love her. We had to sleep the ground, and when it came me to eat, there was one set of ensils. So we would make pasta d have to eat it with a knife or a oon. Not everybody can deal with ose circumstances.

LIA: But it was fun.

IJ: Julia, what things did you learn out Susan?

LIA: There is no situation that she n't adapt to—or help adapt it to rve the greatest purpose of the oup. Susan handled *everything*, and dinner I noticed that the level of nversation was always that much ore interesting. Susan would ask ir guides questions that I never uld have thought to ask.

JSAN: My fear of boredom is tense.

IJ: Susan, you're fifty-two, and Ju-, you're thirty-one. What is the ggest benefit of a trans-generational endship?

ISAN: This is the first time that I ve ever even *thought* of this relaonship as trans-generational. Julia s lived so fully, and she's probably ne just as many films as I have. he one major difference is she sn't gotten into childbearing yet.

LIA: But that is not the basis of the trigue or the beauty of our relationip. The questions that I would ask r aren't based on "Hmm, Susan is der than me, she'll know the anver to this."

ISAN: I probably have made more istakes, although she may have ade them more publicly because e focus has been so much on her. it I'm not sure how much farther ong I am than Julia. You make cern mistakes that you don't seem to er get past.

IJ: So, Susan, do you ever go to Julia for advi-

SUSAN: I don't go to anybody for advice about anything that's really personal. But I do have girlfriends I can talk to about what's going on. That, for me, is like therapy.

LHJ: So you use your friends as sounding boards.

SUSAN: Not that I don't get down and gossip every now and then. But to keep things in and be perfect in front of your girlfriends—I couldn't deal with that kind of pressure.

LHJ: Julia, do you go to Susan for support?

JULIA: Have I gone to her house and boo-hooed about my pathetic life? Of course I have. Did she fix it? She probably made me laugh.

LHJ: What is Susan like as a friend?

JULIA: There are some friends who, when I'm in the midst of a crisis, double the crisis because they are so frenetic in their help. Susan is never like that. There is a calmness to her.

SUSAN: I find that what really helps me is when someone asks questions, because I then see things from a different perspective. The fastest way to ruin a friendship is to tell somebody what to do, especially about leaving somebody.

LHJ: Julia, what do you think is sexiest about Susan?

JULIA: Her hands. She has sweet, small hands, and she makes these very fluid gestures.

SUSAN: [beaming and twirling her hands] Never thought about it as sexy, but . . .

JULIA: It can lead to that. [laughter]

LHJ: Your turn, Susan.

SUSAN: Julia really tells you with her body language that she is letting life in. I think that's what people read as sexual, an openness that says, "I can get in trouble here. I can get heartbroken, but I'd still rather try." Julia has this in person and she has it on the screen, and I think that when people see that they think, There's a chance for me.

JULIA: Thanks a lot.

LHJ: [to Julia] What do you think

SUSAN: [continued]

LHJ:

JULIA: Oh, you'd like to [illegible] My face is usually pretty [illegible] I'm pretty open. I'm very easy to read. I'm not [illegible] the world.

LHJ: Is that how you got those [illegible] board at

JULIA: They are the result of a whole lot of joy. I laugh the hardest and the loudest, that's why my stomach [illegible] like that.

LHJ: Lucky you. How about men? Who's sexy?

JULIA: Anthony Hopkins, is soooo I'd just give it right up.

LHJ: What exactly about him?

JULIA: It wasn't until I met him that I was just utterly sold. This huge energy pours off him; it was like he lassoed me [laughter], reeled me in.

LHJ: How about you, Susan?

SUSAN: I don't see that

LADIES' HOME JOURNAL

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many movies. But I definitely think Leonardo DiCaprio was the reason that *Titanic* stayed afloat. I went only because my daughter made me.

LHJ: I read that you got Eva and her friends into *The Man in the Iron Mask* premiere.

SUSAN: Yes, I did; absolutely embarrassing, really. Judging from his patience with these screaming kids, Leonardo is very gracious.

LHJ: Let's talk about *Stepmom*. Susan, playing Ed Harris's ex-wife, and Julia, as his new girlfriend, contend with the kids and each other.

"IF I HAD KNOWN HOW GREAT THIRTY WAS, I WOULD HAVE DONE THIS WHEN I WAS TWENTY-FIVE," SAYS ROBERTS

How did this movie come about?

JULIA: For a long time we had been looking for something we could do together. That's a tall order, to find a story that we think is interesting, and has two solid female parts.

LHJ: The movie is as much about relationships a it is about Susan's character getting cancer.

SUSAN: When there is a life-threatening illness in a movie, it can be all about just that. We wanted to show how people would really react in that situation.

LHJ: And how is that?

SUSAN: A life-threatening illness doesn't necessarily make everyone throw aside their differences.

JULIA: It's not the quick fix: "Oh, you got sick, so I'll be your friend." The fact that we continue to *not* get along—I just think that there's an authenticity to that.

LHJ: What was it like for you two to play rivals?

SUSAN: The big fights were fun because in real life, when I start fighting, I burst into tears. So it was great practice for me.

LHJ: You are both executive producers on this movie. Did that give you control over the project?

SUSAN: Well, veto control. We were able to keep taking the project closer to what we wanted to do.

LHJ: Julia, didn't you turn thirty while making *Stepmom*?

JULIA: Yes. Susan and I were doing this scene where she says, "Where have you been? It's seven o'clock!" We go through this whole thing, and she says, "Where have you been? It's your birthday!" and they roll in this huge cake.

LHJ: How did it feel to turn thirty?

JULIA: There was a weird buildup, starting with *InStyle* magazine, that infuriated me. I was on their July cover with the cover line "Julia Turns Thirty." I was like, yeah, in October! So I started feeling all this pressure. I don't see Brad Pitt with that cover line. But each day that my birthday got closer, I began to feel this bliss to the point where I thought if I had known how great thirty was I would have done this when I was twenty-five. [laughter]

LHJ: Do you ever wish you were each other's age?

JULIA: No. I'm too busy being my own age.

SUSAN: I'm right where I want to be. I wouldn't mind going back there if I knew what I knew now.

LHJ: What have you learned about men?

SUSAN: As you get older and you've been with different kinds of men, you start to recognize their types. You understand, Oh, he's one of *those*.

LHJ: What do you mean?

SUSAN: The first guy that I went with was European. I took everything so seriously. And then I saw *Private Benjamin*, and Goldie was with that Armand Assante character, and I suddenly thought, he was just a typical bourgeois French guy. The next time you hit that category, you say, "Oops, I'm sorry, never mind. That one I know."

LHJ: Do you instill any of this wisdom in thirteen-year-old Eva?

SUSAN: No. I really try to hold my breath and my tongue, and let her make her own mistakes.

LHJ: Susan, what have you learned about love recently?

SUSAN: There are different phases love can have. It took me a long time to understand that forgiveness of yourself and others is something that has to be worked at. When you're younger, love just hits you. But then it gets sticky and you don't necessarily have the tools to get to the next place. Maybe you shouldn't; maybe it's designed so that you sample a lot of things, so you can shift through to your priority.

LHJ: Julia, do you want to be a mother someday?

JULIA: Yeah. Not today.

LHJ: Workwise, you both have a lot of upcoming projects. Susan, you just finished *Anywhere But Here*, with Natalie Portman, as well as *The Crew Will Rock*, which Tim directed.

SUSAN: It's an ensemble piece about actors, set during the thirties.

LHJ: Julia, tell us about working with Hugh Grant on *Notting Hill*.

JULIA: Hugh Grant stars as a bookshop owner, and I play the biggest movie star in the world.

: The tabs report that you hated
ıg your love scenes with Grant.

IA: This movie doesn't even *have* ve scene. Hugh was a gas; he is funny man and the straight man it the same time.

Next up is *The Runaway Bride*, ch teams you up again with your ry *Woman* director Garry Mar- l as well as with Richard Gere. it's not *Pretty Woman*.

A: No. Richard plays a journalist ends up, for amusing reasons, ing a story about me after I've several men at the altar.

What is the one thing that you envy about the other's career?

AN: That Julia's had so much ce so early on. To have that kind ower is great, because of the h she'll have when she's my age. 's been able to get so much under belt already.

A: I envy that she's been able to the spectrum—that she can play mistress, the renegade, the , the sexy girl—as opposed to be- set adrift in the mire of mom s. I hope that I am able to play whole wheel the way that Susan ys has. And, you know, she's got Oscar man living in her house. ghter]

AN: Yeah, but you have to play a [as she did in *Dead Man Walk-* and then the nuns all pray for and it's a shoo-in.

What are your New Year's reso- ns?

A: I don't make them. Why do it a year? You should wake up ev- day and say, 'This is my really l plan,' and hope that you stick , and where you fall short, that mes the plan for the next day, so on.

How about you, Susan?

AN: I'd like to focus on two gs. One is to have more fun and other is to take those I love less granted.

Okay, last question. Who is go- o get married first?

A: Susan!

AN: I don't know, I don't know! 's birthday would be a good rtunity. . . . ●

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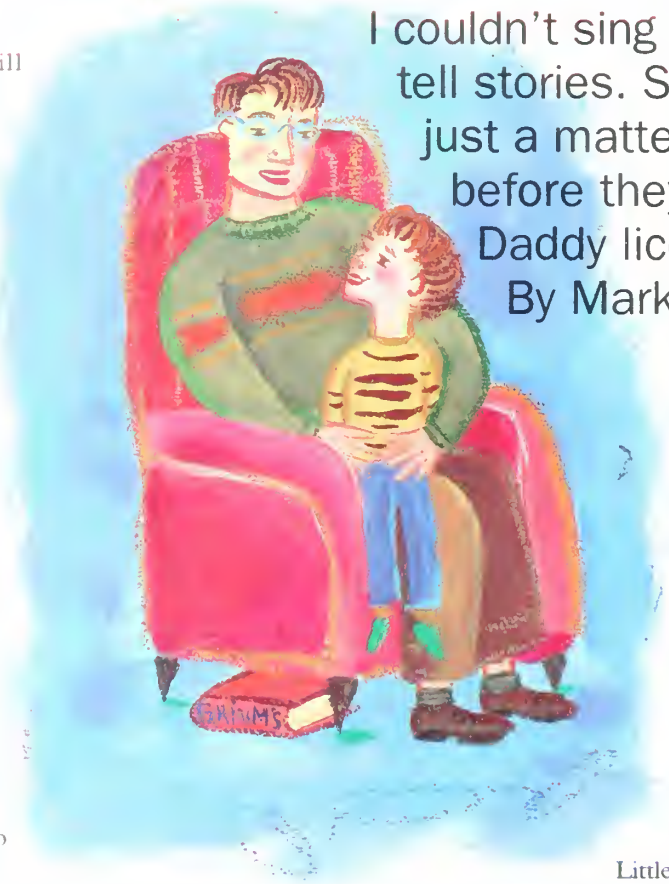

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Once Upon a Time...

I couldn't sing and I couldn't tell stories. Surely it was just a matter of time before they revoked my Daddy license.

By Mark Winegardner



Having children will unearth a parent's every shortcoming—even the ones you don't know you have. Especially those.

I always knew I couldn't sing. As a senior in college, I lip-synched my way through Choral Union. All that separated me from Milli Vanilli were the hair extensions and my inability to dance.

People who can sing tend to learn a lot of songs. We who can't, don't. There was never a problem until I became a father.

One day I tried singing "The Farmer in the Dell," but I couldn't remember what the wife takes. Five? Exception? Leave of her senses? I leaped forward to "the cheese stands alone."

Inevitably, TV took over. "Just sit right back and you'll hear a tale," I heard myself sing, "a tale of a fateful trip." I sang it softly: a lullabye. I knew all the words, all the way to: ". . . the movie star, and the rest, are here on Gilligan's Isle!" My son watched his daddy, a college professor, plow flatly through thirty theme songs. Mercifully, he fell asleep as I began devising lyrics to instrumentals: "Hill Street Blues, Hill Street Blues," I sang, "Hill Street Blues/The theme from Hill Street Blues."

So, fine. I can't sing. That I can live with.

What shocked and embarrassed me is that I can't tell stories.

I can write stories. I make a living as a fiction writer. I can tell jokes, too. However, none of this prepared me to tell stories to my son.

Sitting in the dark, spinning an impromptu yarn to a kid with a thousand-word vocabulary and an attitude, well, it's no day at the beach. True, I knew I could describe the offices of my co-workers and—so long as my voice rose and fell with the bluster of a dinner-theater dropout—get away with it. But that would be wrong.

(I only did it once. I was tired.)

"Tell me a story about dinosaurs," my son would say. Obediently I created Reptilia (who was very large) and Ophelia (who was even larger), who had numbingly prosaic adventures at the lagoon and tar pits.

I began to dread my son's bedtime. Not only was it a humiliating performance, but I also began to worry about the consequences—was I raising a child with an infinite tolerance for boring, pointless prose?

Just as I was thinking of doing away with this ritual, I found my métier. Starting with "The Three Little Pigs," I discovered that the old children's stories allow for an enormous amount of originality and embellishment, enough to really make them your own. A student of mine, a child of sixties' people, once wrote that she was a teenager before she knew that "The Three Little Pigs" did not, in fact, end with a workers' rebellion. The version I told involved a lengthy explication of to what extent the insurance claims adjuster is a pig of a different sort.

Inspired, I picked up a volume of Grimm's fairy tales, and I knew I had struck gold. Fatherhood began anew. Before you could say "Jacob and Wilhelm," I found myself sitting in the dark, cheerfully plagiarizing these well-shaped tales of golden balls, dark forests and the cryptic instructions of trolls.

My son, perhaps with the aid of a magic potion, had provoked me into transforming a shortcoming into a series of trials at the bedside of an inscrutable woodland imp.

We all lived happily ever after. ●

Mark Winegardner is director of the Creative Writing Program at Florida State University, in Tallahassee.

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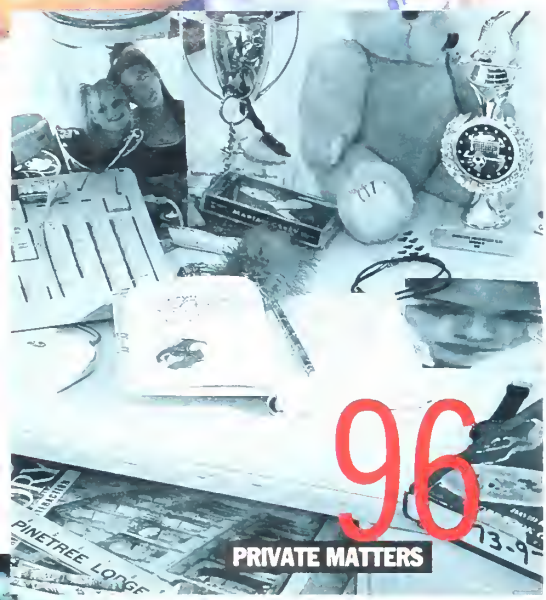
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Award Winners



Just thought you'd like to hear about the awards *Ladies' Home Journal* has received recently for our outstanding articles. First of all, we won an EDI (Equality, Dignity, Independence) Award from Easter Seals for our November 1997 story of Paula Jean Nichols-Klimin, a model whose leg was paralyzed after an accident. This award honors media that highlight the equality, dignity and independence of persons with disabilities. We also received the Golden Triangle Award from the American Academy of Dermatology for our feature "Shape Up Your Skin" in March 1997 about the women of Rockland, Maine, and how they revitalize their winter-weary complexions. And we were just given several Community Action Network Awards, including one for "From Welfare to Work" (April 1998), the story of one woman's struggle to support her family, and "I'm Fighting the War Against Guns," our March 1998 report on the widow of a shooting victim who works to raise awareness of gun control. I'm proud of the many awards *Ladies' Home Journal* wins because of the fine work of our writers and editors.

This month, besides our usual outstanding articles, we also have two interesting book excerpts. I'm sure you know the work of Richard Carlson, whose *Don't Sweat the Small Stuff* was such a giant best-seller. Well, we have an excerpt from his newest book, *Don't Sweat the Small Stuff at Work*. I know I'll be trying to take some of his stress-reducing advice. There's also a very provocative piece by Danielle Crittenden, a commentator on women's issues who writes for *The Wall Street Journal* and *The New York Times*. Danielle has a decidedly different take on contemporary marriage. I'd love to know what you think of her work—and all our features.



Danielle Crittenden



Richard Carlson

Yes, we're pleased that we win awards—but what we want most of all is to interest, inform and inspire our readers.

MYRNA BLYTH
Editor-in-Chief

100 Most Important WOMEN



A BELOVED VOICE
Toni Morrison
1931–

An African-American woman writing about the black experience, Toni Morrison has helped open literature to what she calls "a whole world of women who were either silenced or who had never received the imprimatur of the established literary world." After receiving the 1993 Nobel Prize, she felt "as if the whole categories of 'female writer' and 'black writer' had been redeemed."

Morrison, a divorcée, wrote her first novel, *The Bluest Eye*, at night while raising two sons and working as an editor. The book, published in 1970, drew on her childhood amid Depression-era poverty and prejudice in Lorain, Ohio. Then, in 1978, Morrison won the prestigious National Book Critics' Circle Award for *Song of Solomon*.

Her masterwork, *Beloved*, a novel of terrible beauty in which a brutalized slave flees to freedom, then murders her infant daughter rather than deliver her to a life of degradation, won the 1988 Pulitzer prize and was made into a movie starring Oprah Winfrey. This novel showcases Morrison's virtuosic use of language, which, as the Nobel committee observed, "addresses us with the luster of poetry."

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"My Husband Is A Sportsaholic"

Bob kept five TV sets going so he wouldn't miss a moment of whatever games were on. Was it any wonder Meryl felt ignored? By Margery D. Rosen

MERYL'S TURN

"If Bob tells me one more time that he can't talk to me because the game's on, I'm getting a divorce," snapped Meryl, forty-one, a former documentary filmmaker who quit her job to stay home when her twin sons, Josh and Jason, were born seven months ago. "With satellite TV and ESPN, a game is *always* on. Will I ever get his undivided attention again?

"Bob is a commercial photographer—he and a friend formed their own company a few years ago, and they do mostly magazine advertising work. I always knew he watched a lot of TV, but before the twins were born, I didn't notice how he totally zones out on sports. We have five TV sets in our house. There are two in the family room, one on top of the other, so Bob can watch two games at once. All five sets are always on, so he won't miss anything if he goes to another room. He even falls asleep with the remote in his hand. The man is obsessed.

"I'm starved for adult conversation, but Bob doesn't hear one word I say. He is a wonderful, hands-on father, though. He even arranged to take two months off when the babies were born. When he isn't at his studio or on a shoot, he can work from home. And his touch is magic—I'll be at wit's end trying to calm Josh, who is colicky, but when Bob takes over, bingo, the kid stops. I get so angry, though, when I come home from, say, the gym to find the three of them in front of the TV—Bob on the couch, the babies in their infant seats at his feet. He completely forgets they're there and starts bellowing at the screen, scaring them to death. I know listening to that racket all day makes them wired.

"We've had a much harder time than we expected finding babysitters who can handle two infants. Besides, we waited too long to have a family to leave them with a stranger. So we haven't been out alone since they were born.

"After trial and error, we devised a system of dividing up the night—one of us is on duty from nine P.M. to three A.M.; the other from three A.M. to nine A.M.—so we each get a chunk of sleep. We tried switching nights, but neither of us liked it. But other than taking a shift with the kids, Bob does nothing. He lets dirty dishes pile up on the counter, and leaves baby bottles lying around. He doesn't see any reason to make the bed, since we'll be in it again in a few hours.

"I get so angry about all this that I throw things at him—a baby toy, the remote control. Then he calls me crazy and insists that there must be something wrong with me. I heard those same words growing up.

"I was raised in a family that wrote the book on *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple whose marriage is reeling over his obsession with TV, is based on interviews with clients and information from the files of Susan Heitler, Ph.D., a clinical psychologist in Denver, Colorado. The story told here is true, although names and other details have been changed to conceal identities.

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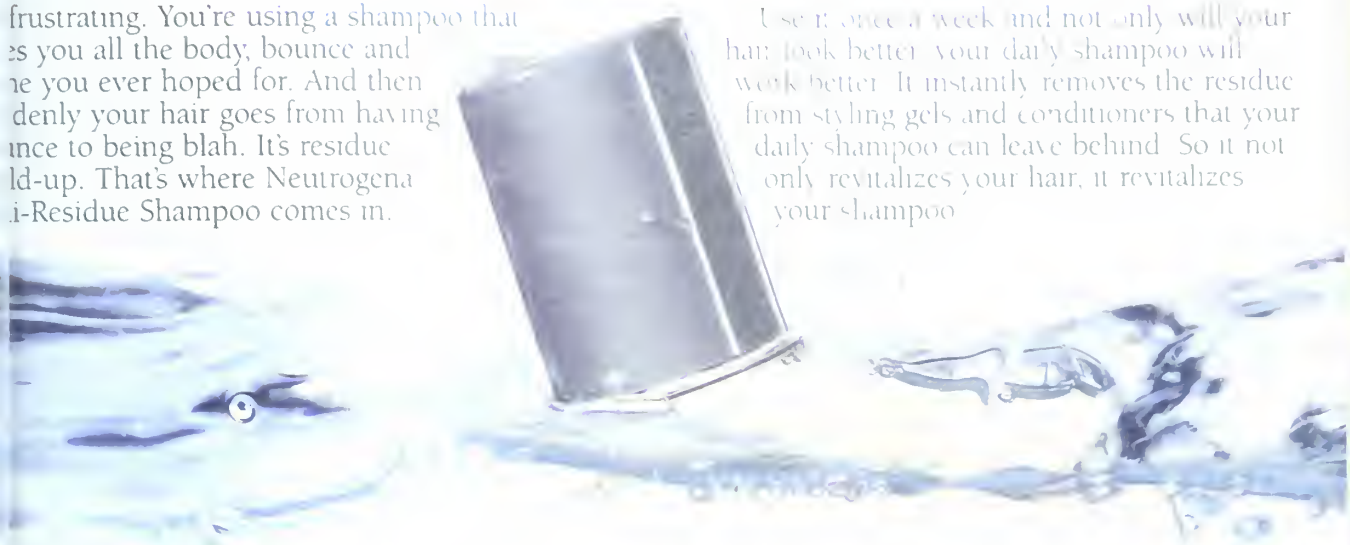
MICHAEL YOUNGER

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dysfunction. My parents divorced when I was less than a year old, and I hardly saw my father. He lives in California now, and we're in touch, though not close. Mother was always bitter—nothing ever made her happy. She's retired now, but for years, she worked for an engineering firm.

"My sister Shelly, who's five years older than I am, made my life hell. She used to tell me that it was my fault that Daddy left. She'd also goad the older kids on the school bus to make fun of me. When I complained, Mother didn't believe me, and she'd tell me I was crazy.

"Despite my mom's lack of encouragement, I did well in school, and was involved in the drama club and the newspaper. I couldn't wait to go away to college. I started in newspaper journalism, then fell in love with filmmaking. A summer internship turned into a full-time job, and within a few years, I was doing short films of my own.

"I adored everything about my work—the excitement, the glamour, the camaraderie. The people there were like family to me. I dated, but no one interested me for more than a few months, and I never had a serious relationship until I met Bob.

"But at thirty-nine it hit me: I didn't want to grow old by myself. Around this time, my assistant fixed me up with Bob. When he came to pick me up, he brought roses, and I'm a softie for the romantic gesture.

"We were a good balance. Bob is low-key, and I found his advice, his outlook, very reassuring. When I was stressed out, he'd calm me down. To be honest, though, our sex life was never dazzling. Bob was always more enthusiastic, and now, well, sex is the last thing on my mind.

"Last month, one of Bob's childhood friends asked if he still watched sports as much as he used to. Bob said he'd gotten better. Excuse me? He can discuss football plays from twenty years ago, but he can't remember what I said ten minutes ago. I've had it."

BOB'S TURN

"I can't stand living with Meryl any more than she can stand living with me," said Bob, forty-five, a broad-shouldered man with sandy hair. "I feel like the janitor: I'm constantly running out for supplies, taking out the trash, doing the laundry. And she focuses on the fact that I left a dish in the sink or a baby bottle on the couch? Give me a break. Ever since the kids were born, she's been angry and nasty. Where is the playful, energetic, enthusiastic person I fell in love with?

"Frankly, if Meryl would just stop haranguing me, our lives would be pretty darn good. I'm sick of her complaints. So I love sports; is that a crime? I know she's strung out and tired—so am I. That's no reason to explode in a childish temper tantrum. Last week, she even threw my wedding band at me because I fell asleep when she wanted to talk.

"I'll never be able to please Meryl. She's so needy, and she drones on incessantly, saying the same things over and over again. She used to be so independent; now she's so clingy I want to jump out of my skin.

"She's incredibly bossy, too. I know she's memorized half a dozen parenting books. Does that mean I'm not entitled to an opinion? Her latest crusade is that the boys are being overstimulated by the TV. Well, until she shows me the research on this, if I'm home folding laundry and watching two seven-month-olds, I'm going to flip on a basketball game.

"She's acting more and more like my mother. I grew up in Boston, the older of two boys. My parents were Holocaust survivors who emigrated to America right after the war. Dad was a businessman who was hardly ever home, and my mother was a homemaker. I don't think their marriage was especially happy. Mom was opinionated and controlling; she never stopped issuing orders—clean your room, take a shower, practice the piano, do your homework. If I didn't follow through immediately, she laid a guilt trip on me.

"I escaped to the park—I lived to play ball, and I dreamed of becoming a professional. I never got that far, but I was captain of the basketball and football teams and named to the all-state team in football at my university.

"In college, I took a photography course and realized I was good. When I graduated, I became an assistant to a photographer for several years, then formed a partnership with a colleague. We've done well.

"I had one serious relationship before Meryl—our breakup was so devastating that for a long time, I didn't date at all. But when I met Meryl, I was captivated by her energy and her beauty. Here was one smart, spunky lady who could get me talking about feelings I'd never shared.

"We moved fast, but we both knew what we wanted. But now Meryl has changed—and our marriage is a disaster because of it. She'll start fights about things that never bothered her before. Every argument goes around in endless circles, then she threatens to leave. And she has the nerve to be upset that I don't bring her flowers anymore? I can't live like this."

THE COUNSELOR'S TURN

"Like many couples who marry late, Meryl and Bob found their lives suddenly fast-forwarded," noted the counselor. "They had little time to get to know each other before they were thrown into a tailspin by the birth of *(continued)*

Bob's preoccupation with sports was both a cause and a symptom of a marriage **dangerously off course**

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the twins. As every parent knows, having a baby changes your life in more ways than you can imagine. As parents of multiples discover, having more than one baby at a time changes your life even more drastically. The fact that these two handled stress in very different ways compounded their problems and triggered constant bickering. Bob's preoccupation with sports was both cause and symptom of a marriage veering dangerously off course.

"Gregarious by nature, Meryl had thrived working with her film crew. Home with two infants, she felt isolated and despondent. Though she had made the decision to quit her job, her image of what her life would be like had been vastly distorted. She'd always had time to pursue her own interests; now, she looked to Bob to fulfill all her needs. When he appeared to push her away, Meryl feared her marriage would end as her parents' had.

"Many people don't realize that negativity and anger can be a sign of depression. It's hard to recognize, let alone be compassionate about, a partner's depression when you're being showered with criticism. Bob put a lot of time into caring for the children and helping around the house. Meryl just wasn't able to see it.

"Bob, for his part, had learned to use sports as a shield when he felt controlled. He began his heavy-duty sports-watching to escape his mother's intrusiveness, and sports again became his haven when his marriage overwhelmed him.

"Both Bob and Meryl found parenthood enormously meaningful, but they were trapped in a destructive cycle. Neither had ever seen how a happy family functions, so they had no idea how to negotiate, resolve conflicts or make decisions together. Instead, Meryl complained and attacked; Bob retreated and ignored.

Blamed for her father's departure by her sister, ignored by her mother, Meryl had a substantial reservoir of emotional needs. Her sense that she was unimportant harked back to those early years. However, threatening to leave Bob endangered the very intimacy she sought. Meryl had become her own worst enemy.

"At my suggestion, Meryl saw a colleague of mine for antidepressant medication; within six weeks her mood lifted, and she was better able to handle frustration. Our sessions provided a neutral place for these two to talk about their feelings without being interrupted, ignored or judged. Once they laid their issues on the table, they could step back and see solutions instead of differences. For the first time in a long time, they felt like a team.

"Bob acknowledged that, to some extent, his behavior was provocative. I pointed out that his excessive sports-watching fit the label of addiction: He used it to escape or avoid problems; it had become his main form of excitement; and it was having a negative impact on his family. Once he understood how much television was hurting his marriage, he agreed to set limits—to curtail the time, to turn on only one set, and to buy earphones.



When Bob became **more available to her**, Meryl's resentment faded

"As Bob became more available to her, Meryl's resentment faded, and her diatribes became fewer. We talked about several ways she could make requests rather than demands. Using the when-then format (for example, 'When you watch the game, then I feel you don't care about me') let her state her needs without putting Bob on the defensive. I pointed out whenever her tone became critical, and over a few weeks, she learned to recognize this herself. They agreed that if any discussion hit the irritation level—let alone meltdown—they would table it until they could talk calmly.

"Since they feel more like a team now, they want to spend more time with each other. They've joined a gym that offers baby-sitting so that they can work out together. They've found a college senior—an early-childhood education major—to come in three afternoons a week to give Meryl a break. And Saturday is now date night.

"The last step came at Bob's urging. Gently, he suggested that Meryl contact her old studio to see if she could work part-time. Next month she starts as a consultant, working on occasional projects. This way, she's involved in the professional arena, but in a role that she can tailor to her needs.

"Although formal counseling has ended, Meryl and Bob know they can come to see me whenever either needs to talk. 'We realize that the marriage is our priority,' said Meryl, 'and we intend to make it work, even if that means occasionally putting up with dislikes. Some things are just not worth fighting about.'" ●

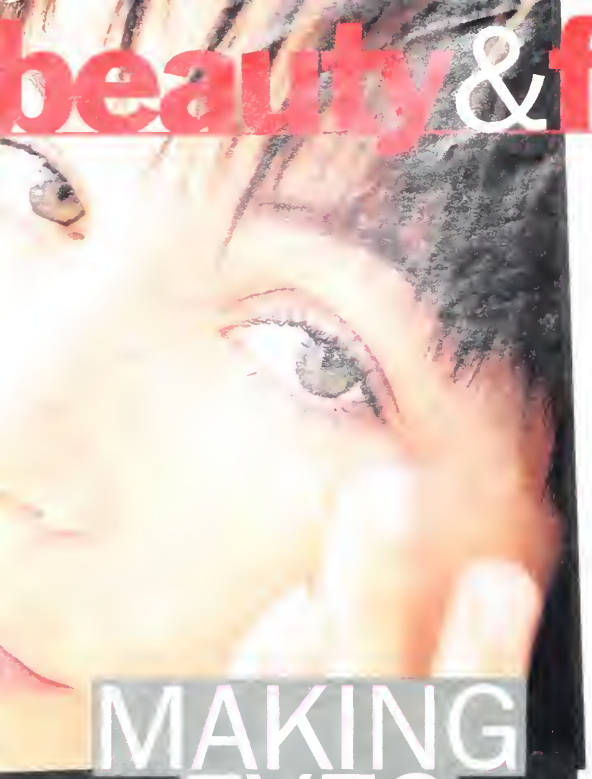
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MAKING EYES

You may be sure to give your eyes extra care with a favorite all-purpose eye cream, but now there are formulas that let you target specific problems. A light cream or gel with ceramides or botanicals like green tea can help minimize the appearance of dark circles, one of women's most common complaints. Try Elizabeth Arden Eye Wish or Estée Lauder Uncircle. For crepey lids or crow's-feet, creams with vitamins and antioxidants hydrate and firm the area. Try Givenchy Double Sequence Eye Contour Firming Balm. Gels and serums with soothers like chamomile work to de-puff eyes. Try Sears Skinplicity De-Puff Eye Gel or BeneFit Eye Lift.



THINK PINK



The fashion forecast for spring? Everything is feminine, pretty and in the pink. Put the latest trend at your fingertips right now with one of the new pink nail polishes. With shades that range from sheer shimmers to bubblegum brights, Kristi Jones, Orly spokesperson and manicurist for celebs like Mira Sorvino and Celine Dion, shared these tips on choosing the best hue for you. If your fingers are short, stick with the palest sheers (with or without shimmer) to camouflage the nail bed; this gives the illusion of longer nails. Choose a yellow-based pink to help neutralize excessive redness on hands; go for a blue-based pink if you have a sallow skin tone, to counteract the yellowness. Bright, shocking pinks put the focus right on your fingers, so be sure your nails and cuticles are perfectly groomed—or else save these shades for your toes.



out of her closet





In her latest movie, *Stepmom*, Julia Roberts has a wardrobe to die for, full of stylish, fun-to-wear clothes. But it's her leather pants/lavender shirt combo that is fast becoming the hot look everyone wants. Here, we tracked down a look-alike version that's every bit as trendy for a lot less than the Hollywood cost: XOXO leather pants ($240) and a Banana Republic shirt ($58).



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Think the newest skirt length—one that just covers your knee—is only for the leggy? If you, like many women, are five-four or under, there's a simple trick to pulling off this look: Choose a floating A-line cut (top photo), or for straight skirts, fudge the proportions a little with a hem that hits at the middle of your knee (middle photo). If your legs are longer from the knee to the ankle than from the thigh to the knee, you can wear a below-the-knee style, but keep the line slim and tapered (bottom photo).







HAIR-CARE ABCs

Supermodel Stephanie Seymour gets to the root of hair care in her new book, *Stephanie Seymour's Beauty Secrets for Dummies* (IDG Books, 1998). If your hair isn't acting the way you want it to, it may be time to shop for a new shampoo and conditioner. Here, Seymour explains how certain ingredients do—and don't—help out your hair.

AHAs Hair and scalp on the dry side? AHAs, popular skin-exfoliating acids, have now found their way into shampoos. At lower concentrations, AHAs bind water to the hair, which adds moisture; higher concentrations help deflake the scalp.

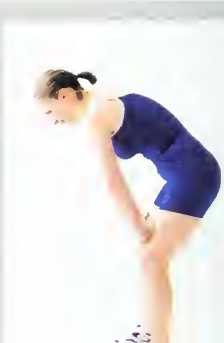
BOTANICALS Naturally derived oils and aqueous extracts of plants like rosemary, peppermint and sage are usually included in such small amounts that their effect is negligible, but they add a nice fragrance to hair products.

CONDITIONERS AND EMOLLIENTS Vegetable oils, mineral oil, lanolin, silicone derivatives and fatty alcohols (don't let the word alcohol disturb you—cetyl, stearyl, lauryl, and myristyl alcohols are gentle) help smooth the cuticle, seal in moisture and enhance shine. Too much, though, isn't a good thing. Lanolin, mineral oil and silicones in particular can leave hair greasy and flat if used in too high concentration.

Move of the Month

Leisa Hart, star of fourteen best-selling *Buns of Steel* videos, is launching her *Tone-N-Ten* video—routines that work multiple body parts in ten minutes. The move here, her Squat & Roll, tones the thigh, works the buns and conditions the spine and abs. To do: Stand with feet slightly wider than hip distance. Rest hands on thighs. Inhale and lower your body slowly, pointing your tailbone back, as if to sit on a stool. Exhale, rounding up through the spine, tucking the tailbone under and contracting the abs. Do one set of 8 to 10 reps.

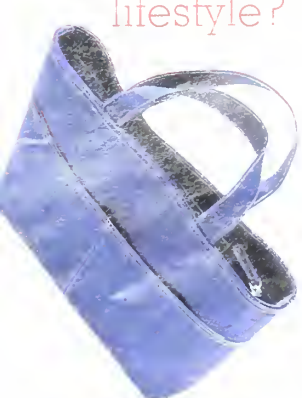





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Totally Toteable

Are you carrying the bag that best suits your look and your lifestyle? Here, twelve new totes to choose from



This sturdy denim "shopper tote" from I.F.O. is flat, but sectioned smartly for carrying newspapers, an agenda and glasses ($92).



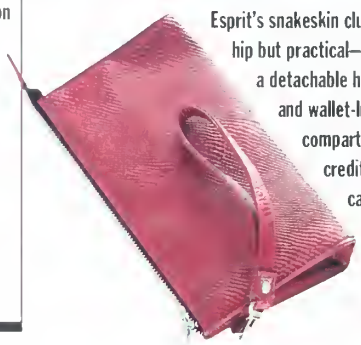
Wear this leopard-print tote from Nicole Miller to spruce up classic clothes. It's lightweight—so skip the heavy stuff when using this one ($85).



Commuter-friendly and sleek, this PVC brief/bag by I.F.O. is strong enough for a laptop ($96).



This trendy nylon messenger bag by Banana Republic has a thick strap for comfy cross-chest carrying, and is roomy enough to tote files ($50).



Esprit's snakeskin clutch is hip but practical—with a detachable handle and wallet-like compartments for credit cards and cash ($28).



The easy-on-the-shoulders mid-size backpack from Esprit has a back zip entry that gives easy access; in neutral beige, it goes with everything ($58).



Rainy days call for this chic, quilted water-resistant black patent bag from Nine West ($59).

With a comfortable, tailored-to-the-body cut, Liz Claiborne's leather hobo sling has many divider pockets inside ($93).





Best dress-up: Nicole Miller's frame bag may seem mini, but it's big enough for all the essentials ($90).



Even gym clothes, an umbrella and your portable CD player will fit in The Gap's nylon 11½ x 14" supertote ($36).



An unstructured, weighs-nothing crocheted pouch adds an artsy touch for weekends with jeans or khakis. From The Sak ($56).



A standout shape, this duffel roll is a hip update to a shoulder bag. Here, Nicole Miller's in cotton/lurex ($53).



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TWO MOMS For Zack



Aimee (center) and Margie (right) share the responsibility of raising Zack (left) and Dewey

We may not be the typical family, but we love our kids just the same By Aimee Gelnaw, as told to Sharlene K. Johnson

Last October, when I heard that a twenty-one-year-old gay college student named Matthew Shepard had died after being brutally beaten near Laramie, Wyoming, I was horrified—but not surprised. Gay bashing happens every day, all over the country. It's a regular part of life in the lesbian and gay community. I know, because that hatred and anger has been directed at me and my family.

It can happen anywhere. On a street corner, a complete stranger slugged Margie, my thirty-eight-year-old partner of nearly ten years, simply because she had kissed me on the cheek. This man just hit her and kept on walking.

My son, Zack, now fourteen, was affected by prejudice for the first time when he was in the fourth grade. Kids in his public grammar school constantly used derogatory words like "faggot" and "dyke," and were rarely reprimanded by the teachers. One day, when Zack asked his friends why everyone was so mean to a certain child, someone said it was because the boy was gay (apparently he had kissed another boy in first grade). For the rest of the school year Zack didn't dare talk about his own family or invite classmates home.

Things were much different for me when I was growing up. One of six girls in a devout Catholic family in New Jersey, I had a strong sense of family and community ties. My father worked in a dry-cleaning business with his brothers and father; my mother was involved with the church and local organizations.

I always knew I wanted a family of my own someday. When I was twenty-four, I married Lee, my high-school and college sweetheart. We enjoyed each other's company, and had a fairly smooth marriage, but our relationship lacked the emotional depth that I had anticipated. After Zack was born, I began to focus less on my marriage. I worked days as a director of regional child-care centers, and Lee, a chef, didn't come home until very late; we rarely saw each other.

Just as my life with Lee was crumbling, Margie Brickley was hired as a consultant to the child-care group. I liked her immediately; she was confident, witty and intelligent. Margie was openly gay, but it was months before I realized that my feelings for her went beyond friendship. When I told Lee how I felt, he thought I was simply going through a phase. He blamed Margie, assuming—incorrectly—that she had pursued me. But, in fact, she was just as hesitant to get close to a married, "straight" woman as I was to enter a lesbian relationship.

Eventually, I decided to separate from Lee. By then, Margie and I were spending most of our time together, and I began to realize that she was the missing link—falling in love with her made my life feel complete. As our relationship strengthened, we decided that she would move in with me and Zack.

When Lee *(continued on page 27)*

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Continued from page 22

filed for divorce in 1989, he agreed to give me full custody without much argument. Through everything, we had to be careful to keep Zack's childhood from being ripped to shreds. Five years old at the time, he already knew that lesbians are women who love other women and that some people think that's wrong. But we didn't want him to be burdened with the full weight of society's disapproval.

Meanwhile, I still had a lot of adjusting of my own to do. One of the first steps was telling my parents. It was a very difficult conversation. My mother had suspected the truth, but coping with the confirmation was something else altogether. At first, we didn't talk much, and when she got together with her friends, I suspect she never spoke of Margie. It took a long time for her to work through it, but our relationship is close again. My sisters were supportive, and included Margie at gatherings right away.

My father was a different story. He emotionally disconnected from me, and never really accepted my new family. Just before he died in November 1997, I made a special trip to the hospital to see him. Although he wasn't lucid, I told him that I forgave him for what went on between us and that I loved him. It's sad that I'll never know how he felt at the end.

Thankfully, my family with Margie was flourishing, but it wasn't quite complete. I had known from the beginning of our relationship that Margie wanted to have a child, yet the decision to have our daughter Dewey wasn't an easy one. We talked about it for years, even going to couples counseling to be absolutely sure we were ready. It was always understood that Margie would be the one to bear our child, and that I would adopt her through a "second-parent adoption."





Family time includes everything from afternoons at the playground and dinners together to Zack's graduation from junior high



Dewey was conceived through artificial insemination at a fertility clinic. We chose a sperm bank whose donors agree to leave their files open in case the child, after age eighteen, wants information about his or her father. We wanted our child to have that option.

Despite our planning, Dewey's conception took nearly two long, difficult years. When we finally [illegible] in the spring of 1995 to [illegible] Margie was pregnant, we were thrilled. My [illegible] feeding dishes [illegible] needed more [illegible] idea. I don't

[illegible] up [illegible] death, he would [illegible] Would our son [illegible] Would [illegible] [illegible] [illegible]

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Continued

company Margie worked for moved from New Jersey to Illinois in 196 we called a national housing informa tion and referral organization for ay and lesbians. Based on their recom mendation, we bought a house in the Chicago suburb of Oak Park, becaus it's a liberal community. Zack's gr school here was one of the firs the country to have a written a discrimination policy for students a faculty that includes sexual orien tion. When I went back to work ste staying home with Dewey her f year and a half, we found a hom day-care provider through a fri who is an anti-bias expert.

Fortunately, Margie and I hav had any problems in our current jo I'm an assistant professor in the ea childhood education department local community college, and Mar recently got a similar job at anoth school. Generally, I feel very com able at work. I don't make a poin come out to my students, but vie the subject of my family comes u don't try to hide who I am.

Margie and I go to great length be sure Zack maintains his relatio ship with his father. In New Jers Lee lived nearby, so Zack saw hi all the time. When we first move Illinois, we agreed to fly Zack ba east every five or six weeks for a si It was expensive, but worth it. A he's gotten older and more involv in activities here, he now sees his ther every few months. He s spends time with his father's pare in upstate New York. Zack plays ba ketball in the driveway with friends and is in a band. He ha started dating yet, but straight or g it doesn't matter—Zack is com able with himself, and that's the I can wish for both my kids.

Like many in the gay and lesb community, Margie and I kee close eye on efforts to legalize sa sex marriage, such as the cur case in Vermont, where three couples are suing the state for t right. (At press time, the case still being heard before the Verm

preme Court.) For us, a ceremo
uldn't make our relationship an
re committed than it already i
that little slip of paper would
ke a big difference from a legal
ndpoint. Marriage has so many
ctical benefits that heterosexual
ıples take for granted. For in
ıce, in many parts of the country,
Margie was seriously injured, I
uldn't have a legal right to visit
in an intensive care unit. I'm not
ısidered "immediate family."
ere's no doubt: If we could be
rried, we'd do it in a heartbeat. It
uld take care of the adoption
stion, too. Margie would simply
ome Zack's stepparent.

Today, at forty-one, I'm at peace
ı my life and make a point to be
ve in the gay and lesbian commu-
. Margie and I co-wrote an edu-
ional booklet called "Opening
ors: Lesbian & Gay Parents and
ools," available through the Fam-
Pride Coalition (619-296-0199).
Zack is profiled in *Zack's Story:*
owing Up with Same-Sex Parents
rner Publications, 1996), a chil-
n's book written by Keith Elliot
enberg. My mother used to ques-
ı my need to speak out against
rimination, but I was raised to be
tical. My father was the mayor of
town for a number of years, and
mother was active in the civil
its movement. The issues are dif-
nt for me, but I am still the per-
my parents taught me to be. It's
my father couldn't see that and
proud of me.

Zack, too, has learned that speak-
up is better than silence, but in-
ducing the subject with new
nds is still tricky. He's had only a
confrontations over the years, but
y one of them has been traumatic.
ıothing else, he's learned who his
friends are.

When Matthew Shepard was mur-
ed last fall, people all over the
ıntry gathered to demonstrate
hate crimes will not be tolerated.
sad that the young men accused
targeting Matthew that night
ln't heard that message a long
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newsline report

CNN, The World's News Leader, and *Ladies' Home Journal* present up-to-the-minute facts and findings about the world today



CUTTING-EDGE SOLUTION

Doctors are reporting a successful surgical repair of spina bifida—one of the most common and devastating birth defects—carried out on a fetus in the womb. Surgeons at The Children's Hospital of Philadelphia operated on a woman who was five months pregnant, after learning that her baby had a severe form of the neural-tube defect and would be paralyzed from the waist down. Although not a cure, the surgery to cover the hole in the spinal column was done to prevent total paralysis. Doctors are optimistic that the infant, now nine months old, will be able to walk.

Some experts, however, caution that the procedure is too risky for a nonfatal condition. Up to now, such surgeries have been rare, performed only on fetuses with life-threatening diseases.

—Rhonda Rowland, *Your Health*

Quote of the Month

"My mom is great, and she makes sure that our home is an environment that has nothing to do with work. She's very honest with me, and she keeps me really grounded."

—Jennifer Love Hewitt, talking about how she deals with fame, on *Showbiz Today*

Dental Advances

There are two new reasons to head to the dentist. A medication called Periostat, just out, can help fight periodontal disease, the leading cause of tooth loss in the United States. "When we use this drug in addition to traditional therapies, we show a fifty percent improvement in the outcome," says periodontist Maria Ryan, D.D.S., Ph.D., an assistant professor at the State University of New York at Stony Brook. Dentists also have a new laser technique to treat cavities instead of a drill. Besides being less painful, using the laser creates a stronger bond than a traditional filling.

—Dr. Steve Salvatore, *CNN Medical News*



WEB WARNING

As the Internet continues to grow, so does the number of giveaways and contests from companies looking to lure people to their sites and, ultimately, their products. But, some experts warn, there may be a hidden cost: your privacy. "Businesses have an underlying reason to offer prizes," says Innate Mak, creator of the Weekly Freebie Compilation (*www.weeklyfreebie.com*), a listing of freebies online. "Sometimes they're trying to increase traffic, but other times they're gathering demographic research." Mak advises searching for a privacy statement that details what the company can do with the information before you begin answering questions to apply for a prize. Once they have your personal data, many companies will regularly solicit you.

—Randall J. Schultz, *CNNfn.com*

Watch CNN's *Your Health* for the week's top medical news (Saturday, 7:30 a.m., and Sunday, 3 p.m., E.T.) and *Showbiz Today* for the latest from Hollywood to Broadway (weekdays, 2:30 p.m., E.T.).



IF DINNER HAS TO BE IN THE OVEN BY 6:00, YOU BETTER MAKE DARN SURE YOU'RE HOME BY 5:55.



ONE DISH CHICKEN & RICE BAKE

PREP TIME: 5 MIN. COOK TIME: 45 MIN.

1 can (10 3/4 oz.) Campbell's® Condensed Cream of Mushroom Soup *or* 98% Fat Free Cream of Mushroom Soup
1 cup water*
3/4 cup uncooked regular white rice
1/4 tsp. paprika
1/4 tsp. pepper
4 skinless, boneless chicken breast halves

1. In 2-qt. shallow baking dish mix soup, water, rice, paprika and pepper. Place chicken on rice mixture. Sprinkle with additional paprika and pepper. Cover.
2. Bake at 375°F. 45 min. or until chicken and rice are done. Serves 4.

*For creamier rice, increase water to 1 1/3 cups.



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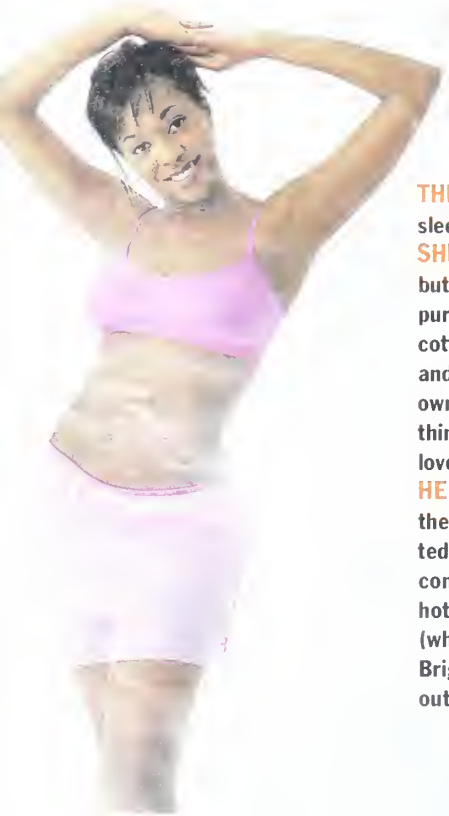
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WHAT MAKES YOU SEXY?

Want to turn up the heat on Valentine's Day? We asked five couples to choose their favorite new lingerie look. Here's what she—and he—liked best





Jill, 30, homemaker; Paul, 38, facilities manager for an airline. Married 8 years



THE LINGERIE: A bandeau with marabou trim from Helena Stuart for Only Hearts ($33); cotton/Lycra boy shorts from cK Calvin Klein ($18); robe, Victoria's Secret ($50); slippers are Jill's.
SHE SAYS: When my husband sees me in this, he is going to want me to go buy something just like it. This outfit is wild—I love it! I think it really flatters my derriere—which is one of my best features. I typically wear sweats and a T-shirt to bed, but I do try to spice things up with more sensual silk and lace pajamas. This would make a great addition to my lingerie wardrobe.
HE SAYS: For as long as I can remember, Jill has slept in sweats. I like to buy her lingerie, but I know she will wear it once then toss it in her drawer and never wear it again. She looks beautiful in white, and the furry trim is very seductive. I'm definitely going to buy this for her and encourage her to wear it—a lot.

THE LINGERIE: A cotton/Lycra bandeau ($12) and sleep-shorts ($20) by DKNY Underwear.
SHE SAYS: Sexy to me is something simple and sheer—but not lacy. Silky lingerie in bright colors like lime green, purple or pink is more my speed. I normally wear basic cotton or silk camisole/boy-short sets or oversize T-shirts and socks to bed rather than the skimpier lingerie that I own—strictly for comfort. This outfit is cute, but I don't think the cut of the shorts flatters my legs. I absolutely love the color, though.
HE SAYS: I can't wait for summer because that is when the big T-shirts go back in the drawer and the sexy teddies come out. I know Kea-Shawn is probably self-conscious about her thighs in this, but I think she looks hot. She loves lingerie that flatters her best asset (which I think is her breasts), and this certainly does. Bright colors like red and pink are feminine, so this outfit gets the high sign from me.

Kea-Shawn, 23, works in advertising; Marc, 24, social worker. Married 1 year



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Tomm, 26, marketing and promotions manager; Barry, 29, analyst. Married 5 months

THE LINGERIE: A snakeskin pattern microfiber slip from Victoria's Secret ($46).
SHE SAYS: My lingerie wardrobe consists of a lot of cotton—short nightgowns, pants, tanks—and only a few satin pieces, which I usually wear only for special occasions. I don't like anything sheer or lacy. This slip is surprisingly comfortable, but I think I would rather have it in solid black—the pattern is a little too wild for me. I would probably save it for Valentine's Day.
HE SAYS: My wife has great taste in lingerie—she never wears anything lacy or sleazy. She usually sleeps in cotton tank tops and matching shorts because she hates really revealing things. I like this style of nightgown on her (she looks beautiful in it). But I hate the print—it's too weird. I like more conservative styles.

Courtney, 29, senior promotion manager; Richard, 44, maître d'. Married 1 year



THE LINGERIE: A man's cotton pajama top ($130 for a two-piece set with pants) from PJ's 2 Go.
SHE SAYS: There is something sexy and fun about lounging in a man's top. I usually wear a short-sleeve T-shirt to bed, so I feel comfortable in this top without the pants. This is definitely something I would own—Richard would find it alluring, and I feel feminine in it, too. But I have to admit, I would rather borrow a shirt from Richard—because then it would smell like him.
HE SAYS: Most people think lingerie has to be skimpy and obviously revealing to be exciting. I disagree. This top is unexpectedly sexy. Courtney looks sensual in a different way than if she were wearing a skin-baring outfit. I would like it even better in black satin rather than pinstripe cotton.



Elizabeth, 35, homemaker; Robert, 38, financial planner. Married 10 years



THE LINGERIE: A silk camisole ($90) and silk tap pants with lace trim ($65) by Patricia Fieldwalker.
SHE SAYS: I rarely wear anything this revealing to bed. I am always cold so I tend to wear long-sleeve fleece tops and bottoms with white sweat socks. I do love to be experimental, though, with lingerie. So sometimes I'll wear a sexy bra and undies set or a short nightie to surprise him. This outfit makes me feel incredibly feminine—although I prefer something with a bit more support on top. The shorts could also be a little shorter.
HE SAYS: Elizabeth looks drop-dead gorgeous in this outfit. I love her in black, and this outfit is lacy, but not too revealing. This shows off her killer legs. I'm going to buy her an outfit just like it so she can get rid of the fleece and sweat socks. Funny thing is, we always joke how she owns all this lingerie and it comes off in thirty seconds anyway!

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RE-PROGRAM Your Body

How to change your metabolism—for good

By Daryn Eller



A few weeks ago, you probably resolved yet again to shed those ten pounds you've always struggled with. (Or maybe you've tried so often you didn't even bother with a New Year's diet this year.) Now the scale keeps settling on the same number—and you're ready to hurl it out the window once and for all. You know dieting is tough, but what exactly is at work when you keep going back to the same weight despite your best efforts?

Consider the case of Elizabeth Duffy-Johnson, forty-two. For most of her adult life, she was a victim of what she called "body-weight boomerang syndrome." No matter how many times she dieted her five-four, 145-pound frame down to a sleeker size, she'd end up gaining weight again. True, her diets were very low in calories and not nutritionally balanced—in her words, "the kind you're not supposed to go on." Yet those diets worked, helping her to shed five, ten, even fifteen pounds. Trouble was, the weight always came back. "And always to about the same point," recalls Duffy-Johnson, a lawyer and mother of one, who lives in Tiverton, Rhode Island. "It was almost as if my body was programmed to stay about twenty pounds over the weight at which I felt my best."

Duffy-Johnson's hunch was right. Our bodies *are* actually programmed to maintain a certain level of fatness—and that's one of the main reasons many women constantly struggle to lose those last ten or twenty pounds. But take heart: Researchers have made significant strides in understanding what makes the body gravitate toward a certain weight, and why some people seem to settle at much lower numbers. They've also learned that it's possible to adjust our fat thermostats to some extent.

How your body controls its weight

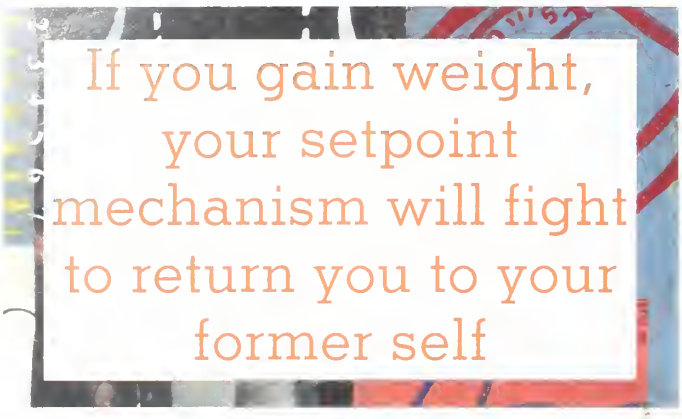
Scientists have a name for the predetermined weight our bodies stubbornly cling to: the setpoint. "The term is based on the observation that if a person drops ten pounds, she will regain ten pounds, not six or seven," says Eric P. Widmaier, Ph.D., an associate professor of biology at Boston University and the author of *Why Geese Don't Get Obese (And We Do)*, W. H. Freeman & Co., 1998.

The body's setpoint is actually a survival mechanism from primitive times, designed to help us conserve our fat stores when food is scarce. The trouble is, the body can't distinguish between a famine and a diet. When calories are restricted and pounds are shed, the brain compares the body's actual weight to its preprogrammed weight, then signals the metabolism to slow down and the appetite to increase. As a result, not only do you burn fewer calories, you also have to cope with the overpowering urge to eat more.

Furthermore, when *(continued)*

you cut back to, say, 1,000 calories a day, the pounds you take off are comprised of lean muscle as well as fat. Since muscle is one of the most metabolically active tissues in the body, it burns about eighteen times as many calories as fat. (If you've ever wondered why your husband can eat whatever he wants and still fit into the jeans he bought ten years ago, it's because men naturally maintain more muscle than women do.) Less muscle in your body means a lower metabolic rate. It's a lose-lose situation.

The encouraging news is that it works both ways. If you gain weight, your setpoint mechanism will still fight to return you to your former self. Only this time it will boost your metabolism and dampen your appetite. In a 1995 study, researchers at The Rockefeller University, in New York City, found that the metabolic rates of adults who'd lost 10 percent of their body weight on an 800-calorie-a-day plan (which is classified as a very-low-calorie diet) also decreased their metabolic rate by at least 10 percent. On the flip side, those who gained 10 percent of their body weight had a metabolic increase of more than 10 percent.



That's not to say that you won't go above your setpoint. Although the appetite may wane, people often override the signals and eat anyway, either out of stress or just becau food is right there.

What Determines Your Setpoin

Of course, some people are bless with a low setpoint weight while ot ers struggle with a higher numbe More specifically, explains Widmai your genes determine th balance of dozens of chen cals that ultimately regula your body's metabolic ra and appetite-control cente

Although the interacti of these components complex, the factor recei ing the most attenti lately is a hormone call leptin. "Leptin tells th brain what's going on the fat cells," says Nan Butte, Ph.D., director of the ener metabolism unit at the Children Nutrition Research Center at Bayl College of Medicine, in Housto When our fat cells are large, th release a steady flow of lepti which in turn curbs the producti



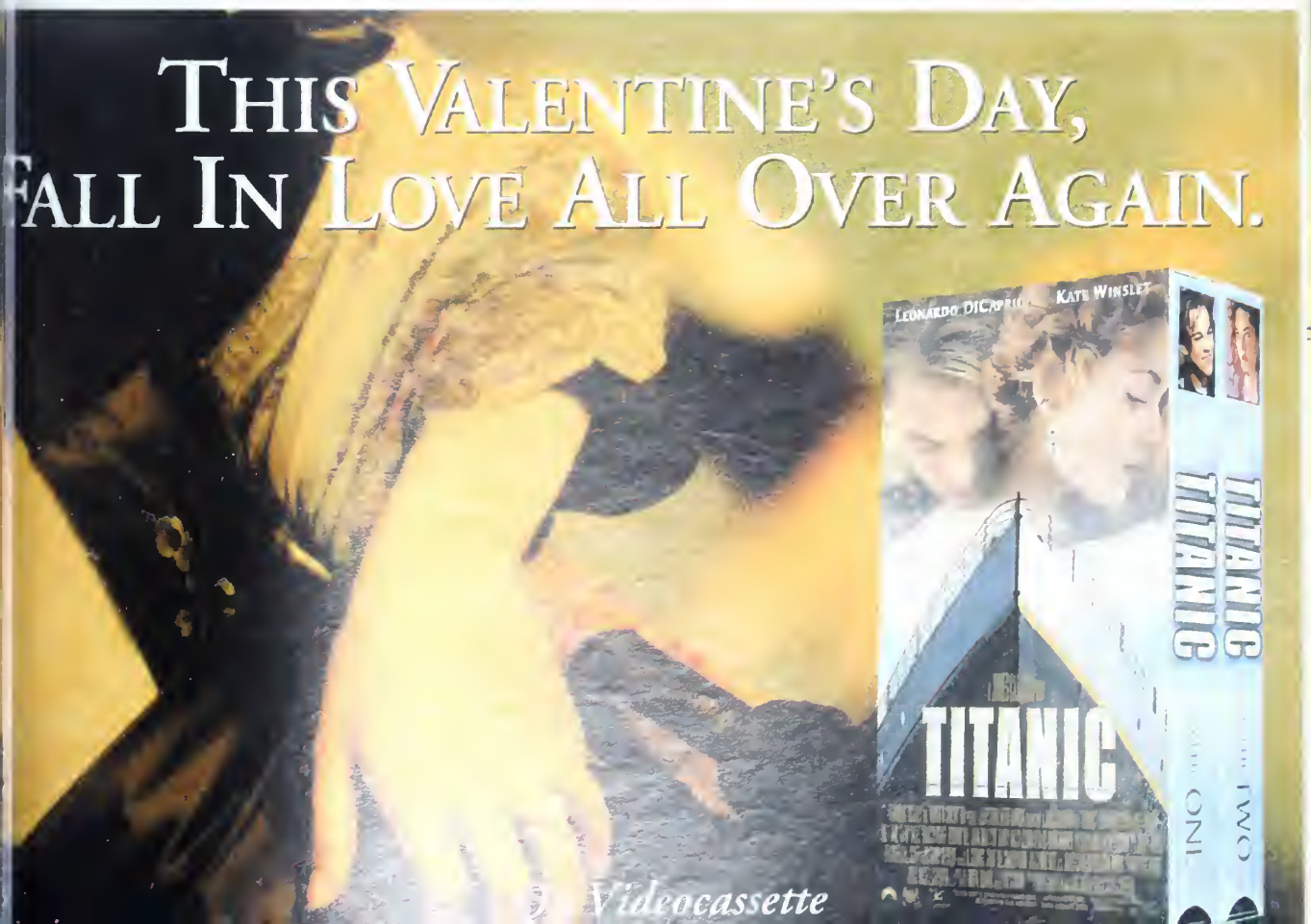
f neuropeptide Y (NPY), a [illegible] hemical that tells the body to eat more and burn less. When your fat cells shrink—as they do when you go on a diet—the amount of leptin they release suddenly decreases. NPY is no longer stemmed, so you start to get hungry, explains John P. Hallman, Ph.D., founding scientist of Neurogen, a company now conducting clinical trials on one of the new weight-loss drugs that may block NPY.

In addition to the effects of genetics and hormones, the process of aging will influence your setpoint. After age forty, most people begin losing about a third of a pound of muscle a year and gaining at least that amount in body fat, says Miriam E. Nelson, Ph.D., associate chief of the Human Physiology Laboratory at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University, in Medford, Massachusetts. Because of the calorie-burning benefit of muscle, this yearly decline can reset your

[illegible] Short of an NPY-inhibiting drug or others like it (which are several years away and will probably be appropriate only for those who are severely overweight), there are ways to lower your setpoint. That isn't to say that Delta Burke may one day wake up with a body programmed to

[illegible] M.D., M.P.H. [illegible] at the American Society of Bariatric Physicians, a group of doctors who specialize in weight management. The trick is to keep it from slowing too much, which you can do by dropping your calorie intake gradually and only moderately.

Although exactly how many calories it is safe to cut varies from person to person, most women should stay above 1,200 calories a day—at the very least. To determine the right amount, figure out how many calories you are actually eating now. (Studies show it will probably be more than you think.) Then subtract 500 to 600 calories. This should allow you to lose one to one and a half pounds a (continued on page 46)



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Continued from page 41

week without slowing your metabolism too much.

You can also help counter a metabolic slowdown by including less fat and more healthy carbohydrates in your diet. "Carbohydrates have a thermic effect, meaning they raise the metabolic rate slightly after you eat them," says Vash.

Above all, resetting your setpoint is not something you can do sitting down. "Exercise is the only habit that seems to make a significant difference in keeping weight off," says Kushner. One recent study even found that women who ate normally but exercised kept pounds off longer than those who dieted and worked out. (Not surprisingly, dieters felt too restricted.)

Unlike dieting, exercise benefits you several ways: First, physical activity burns calories. So even if your metabolic rate is operating in a lower gear than usual, you'll still be burning more calories than with diet alone. Second, exercise can actually give your metabolic rate both a temporary and a long-term boost. "Studies show that exercise will combat the metabolic slowdown that comes with dieting," notes Wayne Miller, Ph.D., a professor of exercise science and nutrition at The George Washington University Medical Center, in Washington, D.C. In the short term, a good thirty-minute bout of aerobic exercise can elevate your metabolic rate by 8 to 10 percent for several hours. That "afterburn" will help you shed more pounds.

And don't rule out weight training, either. Although your aerobics class or walking workouts may increase your muscle mass a little by toning your legs, strength training can have a more significant impact. Resistance work will help you build muscle and, in turn, burn more calories. How much exactly? Studies have shown that weight training can help the average woman burn about 300 calories more a day at rest. Plus, a strength-training workout itself burns about 500 calories per hour for a 143-pound woman.

Finally, exercise also may help your waistline by relieving stress. "Exercise can help lower the levels of stress hormones that cause the body to store more fat than usual," explains Vash. And you'll be less likely to reach for the chips and other comforting, fat-laden foods to feel better—since exercise releases feel-good hormones called endorphins.

No Gym Required

Just increasing your activity every day will make a difference, emphasizes Kushner. Elizabeth Duffy-Johnson has tried formal exercise and the informal approach. She discovered that they both work. While she was finishing law school and studying for the bar, she took her dog for short walks just to get out of the house. It felt so good, she extended the walks and, eventually, she was doing up to five miles a day. The weight started to come off and she was inspired to join a women's soccer team as well as change her eating habits. "Instead of really restricting what I eat, I just make healthier choices," she says. "I actually crave healthier food."

Last summer, Duffy-Johnson got a new job that requires an hour commute each way. She had to give up her long walks, but was determined not to give up on exercise. "I work on the sixth floor and I rarely use the elevator," she says. "I take the stairs up and down several times a day, and I take them fast. I also take the long way from the train station to my office and try to walk at lunch." Duffy-Johnson is now stabilized at her new weight of about 125 pounds, which she gauges by how her clothes fit rather than regularly stepping on a scale. She's changed her body composition dramatically. "I dropped two full sizes," she reports happily. ●

Daryn Eller is the author of "Power Up: 101 Ways to Boost Your Energy" (Avon Wholecare, June 1999).

The Least You Can Do



If your busy schedule is your reason for not exercising, start searching for a new excuse. As little as one hour per week of cardiovascular and strength-training exercise can improve your body composition and help you reach—and maintain—your desired weight, says Wayne Westcott, Ph.D., fitness research director at the South Shore YMCA, in Quincy, Massachusetts.

In a recent study, Westcott tracked subjects who did fifteen minutes of cardiovascular exercise and then five minutes of lifting on Nautilus machines three times a week. After eight weeks, they had gained an average of two pounds of lean muscle and lost four pounds of fat.

To get the same results, first do fifteen minutes on a bike or treadmill, or simply march in place at a quick pace. Then, move on to just a few strength-training exercises. If you don't have Nautilus equipment, sets of push-ups, sit-ups and squats can be just as effective. Or you can use dumbbells or elastic resistance bands. And don't worry about bulking up too much: This is just enough to make you look toned, not like Arnold Schwarzenegger.

Once you start to see results, you may want to increase the length of your workout. And when you can do twelve to fifteen repetitions easily, increase the amount you're lifting by 5 percent or less. If you're not using weights, try doing your exercises more slowly, which is tougher.

If a trainer isn't in your budget (the average cost is $41 an hour), consult a book such as *Weight Training for Dummies* by Liz Neporent and Suzanne Schlosberg (IDG Books, 1997) for basic exercise instructions. —Christine Many

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PRESCRIPTION FOR PASSION



Romance is good for your heart in more ways than one. This Valentine's Day, express your love with these heart-healthy gifts. —Christine Many

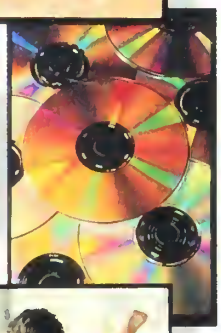


DANCE LESSONS An hour-long class provides cardiovascular benefits, burns about 350 calories, helps relieve stress and increases flexibility.



AROMATHERAPY CANDLES Opt for calming scents like jasmine and lavender—both are also considered aphrodisiacs.

MASSAGE Give him one and then get one in return. You'll reduce tension, improve circulation, and according to new research, boost immunity.



MUSIC Studies show that listening to soft music can lower blood pressure, heart rate and respiration (all part of stress reduction).

RED WINE Alcohol contains disease-fighting phytochemicals; drinking red wine in moderation lowers heart-disease risk.



A LOVE LETTER Experts say that writing is therapeutic. So tell him you love him in a letter, and you'll both feel terrific!

Why some like it HOT

Seasonings give flavor to food, but our reliance on them may have come about for another reason: to kill germs. When researchers from Cornell University, in Ithaca, New York, recently reviewed thousands of recipes from around the world, they found that those from hot climates (where food spoils faster) not only called for more seasonings, but also for ones that pack the most antimicrobial punch. "Our ancestors must have realized that certain seasonings kept people healthier," says Paul W. Sherman, Ph.D., an evolutionary biologist at Cornell. In accompanying lab studies, garlic, onion, allspice and oregano were found to kill or inhibit the growth of all germs, while hot peppers, tarragon and cumin eliminated most. Experts say the amounts in most recipes offer protection. But don't rely on seasonings to make leftovers last—that's why the fridge was invented.

—Cheryl Sacra Paden

Clinical-Trial Clearinghouse

Clinical trials (studies that involve humans) have been responsible for several high-profile advances recently, including approval for Herceptin, a medication that shrinks breast-cancer tumors, and the drug tamoxifen, which can help prevent the disease in those at high risk. Now, the National Cancer Institute has launched a Web site (*cancertrials.nci.nih.gov*) with a step-by-step guide for finding trials as well as information on eligibility requirements. It also has a link to another Web site called CenterWatch (*www.centerwatch.com*), which lists thousands of trials by disease type. If you are selected for a trial, there is a chance you'll wind up receiving a placebo (an inert pill) or be placed in a control group that receives standard therapy. On the other hand, you'll also be contributing to science—and could play a part in the discovery of a cure. —Marcy Lovitch

COMPUTER LENSES

Even if you don't wear glasses for reading or driving, you may need prescription lenses if your eyes get sore as a result of spending long hours in front of a computer. Staring at a monitor for extended periods can aggravate an existing but minor vision problem that might not otherwise need correcting, says James Sheedy, O.D., Ph.D., a clinical professor at the University of California–Berkeley School of Optometry. Standard remedies for eyestrain, such as taking frequent breaks or blinking often, may fail to make you more comfortable, but a mild prescription for glasses could do the trick. —C.M.



TAKE A BREATHER.



Kleenex ColdCare with Menthol
is a breath of fresh air.

It's the tissue that lets you breathe the refreshing
scent of menthol right through your cold.
And ColdCare has three plush layers ~ not two.
So you get three layers of coolness.
And the very softest care around. Ahhh.

ColdCare® TISSUE

All your nose needs.

Don't SWEAT the Small Stuff at Work



Daily deadlines and dilemmas making you crazy? Learn to transform your outlook with best-selling author Richard Carlson

Whether we work for a giant corporation or in a two-person office, there's no question that work is stressful. All of us, no matter what our career or industry, must deal with some combination of unpleasant issues—unrealistic deadlines, bureaucracy, back-stabbing coworkers, demanding bosses, quotas, endless meetings and blizzards of memos. Add to that fierce competition, poor working conditions and long commutes, and you can see there's no way to avoid hassles.

Indeed, the question is not whether you can eliminate stress, but rather how to handle it. You could expend an enormous amount of energy on being frustrated, angry or offended over relatively minor things, or you can find new ways to respond to the demands of work. Interestingly, when dealing with really serious work-related issues—for example, being fired or forced to relocate—most people display remarkable courage and resilience. It's the small stuff that drives us all crazy.

But if you can learn to treat the hassles with more wisdom, patience and humor, you'll transform your work experience. You will bring out the best in yourself—as well as in others. Instead of reacting to each issue with knee-jerk negativity, you'll learn to respond with grace. Even better, it will brighten your entire day.

Following are twenty-one key strategies that will make work a whole lot more fun.

Attitude Adjustment

Being happy doesn't mean losing your edge. Some people think a relaxed demeanor won't look good to coworkers, clients and employers—they'll assume you're not sufficiently motivated to go the extra mile or tough enough to survive in a competitive environment. The truth is, happy people's enthusiasm spurs them to better performance. Unhappy people, on the other hand, are often held back by their own negativity. Often defensive and rigid, they aren't good team players. So dare to be happy—your work will take on greater significance.

Don't be a drama queen. Talking about how incredibly busy you are, how hard you work, how little you sleep and the fact that you don't have a personal life focuses your attention on the most troublesome aspects of your work. Work can be hard, but boasting about it simply reinforces your stress and becomes a self-fulfilling prophecy. It also makes you a great bore. *(continued on page 57)*

T'S [illegible] SMALL STUFF AT WORK: SIMPLE WAYS TO MINIMIZE STRESS AND CONFLICT WHILE BRINGING OUT THE BEST IN YOURSELF AND OTHERS," BY RICHARD CARLSON, PH.D. COPYRIGHT © 1998 BY DR. RICHARD CARLSON. PUBLISHED BY HYPERION.

Embarrassing odor from bladder leakage is now a thing of the past.

Millions of women have had to put up with the embarrassing odor of bladder leakage.



Not any more.

Introducing A+D® Personal Care™ products for Bladder Leakage. The first line of products made specifically to eliminate odor and soothe skin irritation due to bladder leakage.

Imagine never again having to put limits on your life because of that embarrassing odor.

Think how good it would feel to get back to living life odor-free. Every day. New A+D Personal Care products can help you do exactly that.



A+D Personal Care Towelettes

Available in tub size and convenient travel packs. Created for unexpected bladder leakage incidents. Unlike ordinary wipes A+D Personal Care Towelettes are soft, gentle and eliminate urine odor on contact and continue working for hours. Leaving you feeling fresh, clean and confident whenever you're on the go.

A+D Personal Care Dry Lotion

Eliminates urine odor on contact. Soothe skin in the morning or before bedtime for extra hours of protection from urine odor. And for those who suffer from skin irritation due to bladder leakage, the emollient rich ingredients you'd expect from the A+D brand, nourish and soothe sensitive, irritated skin.



Now you no longer have to let embarrassing urine odor keep you from doing the things you want to do. Now there's new A+D Personal Care products for Bladder Leakage.

Look for these A+D products in the feminine hygiene or incontinence section of your favorite store.

FREE.

Call our important toll-free number below to receive free samples of A+D Personal Care products. Plus valuable bladder control information, that'll help you live your life the way you want to.

1-877-ADCARES
(1-877-232-2737)

A+D. As in odor-free

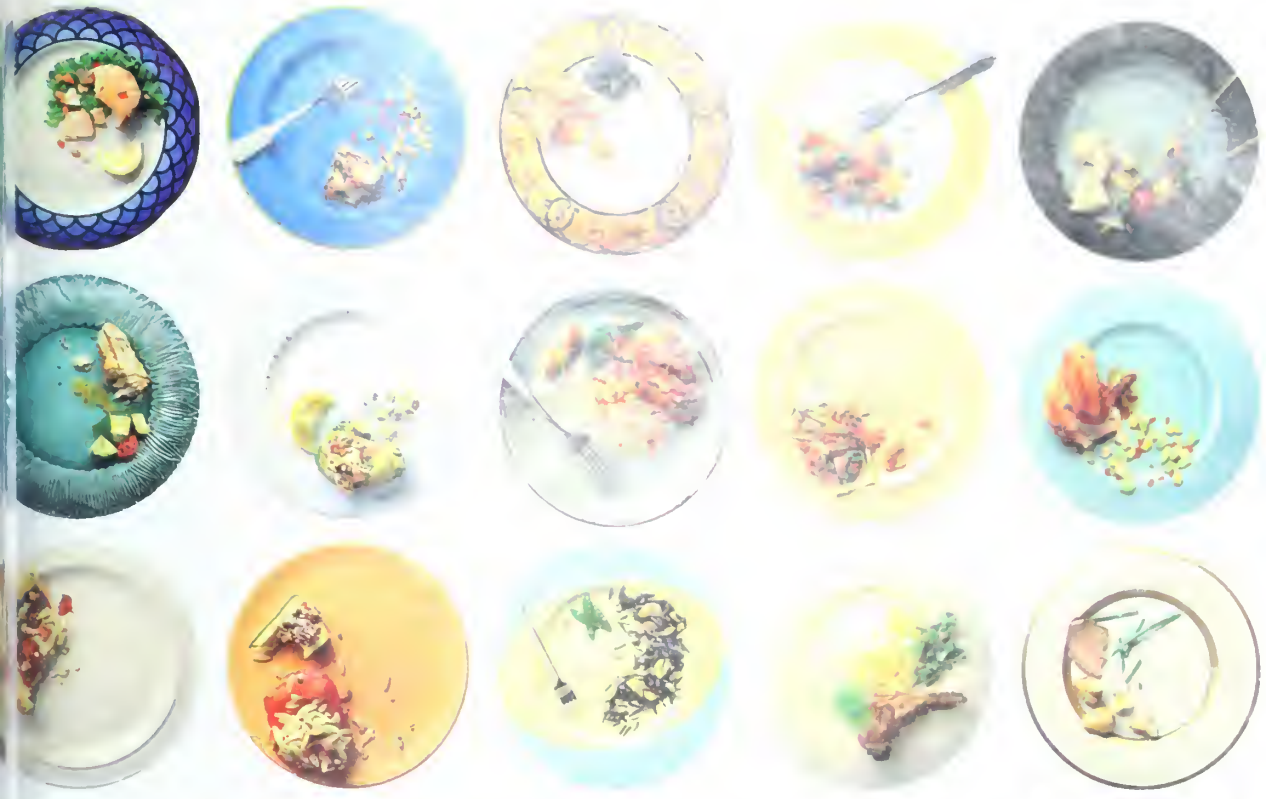


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Love it.
And leave it.





ERIDIA is a prescription medicine for
ple who are 30 pounds or more over
ght, depending on height.
is for people who want to lose weight
keep it off.
id it's unlike anything that came before
ERIDIA works by affecting appetite
rol centers in the brain.
it may help you eat less.
u are looking at what you might
d eating in just the first month
course, you have to do your part with
and exercise, but MERIDIA can help
ERIDIA is not for everyone. It can
substantially raise blood pressure and
it's not for people who are pregnant
or nursing, under age 16, or for anyone
taking anything else for weight loss,
depression, Parkinson's disease, migraines,
or for people with glaucoma, anorexia or
serious heart problems.

It's a controlled substance so patients who
abuse MERIDIA may become dependent.

Side effects may include headache,
constipation, insomnia, and dry mouth.

For more information, ask your doctor,
call 1 888 4 MERIDIA, or check out our
website at www.4meridia.com

MERIDIA®
(sibutramine hydrochloride monohydrate) CIII

You do your part. We'll do ours.

Ask your healthcare professional, call 1 888 4 MERIDIA, or visit www.4meridia.com

Please see next page for brief summary.



IMPORTANT PATIENT INFORMATION. READ THIS PATIENT INFORMATION CAREFULLY AND COMPLETELY BEFORE YOU START TAKING MERIDIA AND REREAD IT EACH TIME THE PRESCRIPTION IS RENEWED. CONTACT YOUR DOCTOR IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR CONCERNS. SAVE THIS PATIENT INFORMATION SHEET FOR FUTURE REFERENCE.

MERIDIA® (IV)
(sibutramine hydrochloride monohydrate) Capsules

What is MERIDIA?
MERIDIA is a prescription medicine used for the medical management of obesity, including weight loss and weight maintenance. MERIDIA can only be prescribed by a medical doctor.
MERIDIA comes in different strength capsules (5 mg, 10 mg, and 15 mg). The recommended initial starting dose is MERIDIA 10 mg capsule per day. Your doctor will determine the starting dose that is best for you.

How does MERIDIA work?
MERIDIA works by affecting appetite control centers in the brain.
Clinical studies in overweight people MERIDIA along with a reduced calorie diet, produced significant weight loss.
MERIDIA should be used as part of a comprehensive weight loss program supervised by your doctor, that includes a reduced calorie diet and appropriate physical activity.

How long does it take for MERIDIA to work?
Every person will respond differently to MERIDIA when used as part of a comprehensive weight loss program. You may be able to lose 4 or more pounds of body weight in the first month you take MERIDIA. If you find that you do not lose at least 4 pounds during the first month you should notify your doctor so he or she can re-evaluate your treatment. Your doctor may want to change your dose of MERIDIA.
Most people who lose weight on MERIDIA lose it in the first 6 months of treatment. Scientific studies that lasted one year have shown that many people who lost weight and remained on MERIDIA therapy maintained their weight loss.

Who should take MERIDIA?
MERIDIA is for people who needs a reduced calorie diet and appropriate physical activity may be adequate in order to lose weight. Talk with your doctor whether MERIDIA should be added to such a program.
MERIDIA is recommended for overweight people with an initial body mass index (BMI) of 30 or higher, or for overweight people with a BMI of 27 or higher if they have medical risk factors such as high blood pressure, diabetes, or high cholesterol. Your doctor can determine your BMI and will decide if you meet these criteria.

How and when should I take MERIDIA?
Follow your doctor's instructions on how and when to take MERIDIA.
Your doctor will recommend that you take one (1) MERIDIA capsule a day. You can take MERIDIA on an empty stomach or after a meal.

What if I miss a dose?
If you forget to take a dose of MERIDIA, do not take an extra capsule to "make up" for the dose you forgot.

How long should I take MERIDIA?
Your doctor will determine how long you should take MERIDIA. Follow your doctors advice.
The safety and effectiveness of MERIDIA have not been determined beyond one (1) year at this time.

Who should not take MERIDIA?
MERIDIA should not be taken by people who
1. HAVE UNCONTROLLED OR POORLY CONTROLLED HIGH BLOOD PRESSURE BECAUSE MERIDIA SUBSTANTIALLY INCREASES BLOOD PRESSURE IN SOME PATIENTS
2. Are taking prescription medicines called monoamine oxidase inhibitors (MAOIs) for depression, Parkinson's disease, or any other disorder (for example, Eldepryl®, Parnate®, Nardil®).
3. Are taking other weight loss medications that act on the brain (for example, phentermine). This includes prescription and over-the-counter medications and herbal products.
4. Have had prior allergic reaction to MERIDIA or sibutramine.
5. Have a diagnosis of coronary artery disease and/or who have angina pectoris (heart-related chest pain).
6. Have arrhythmias (irregular heart beats).
7. Have had a prior heart attack.
8. Have a diagnosis of congestive heart failure.
9. Have severe liver or kidney disease.
10. Have had a stroke or symptoms of a stroke (transient ischemic attacks [TIAs]).
11. Are pregnant or planning to become pregnant.
12. Are breast-feeding their infants.
13. Are suffering from anorexia nervosa.
14. Are taking prescription medications for depression.
15. Have had seizures (epilepsy or convulsions).
16. Have an eye disorder called narrow angle glaucoma.
17. Are under 16 years of age.
18. Are taking other medications that regulate the neurotransmitter serotonin in the brain (for example, Prozac®, Zoloft®, Effexor®, Luvox®, or Paxil®).

If you have any concerns or questions about whether or not you should take MERIDIA, talk to your doctor.
IMPORTANT: It is very important that you make sure that your primary care doctor and all your other health care providers know what medications you take and what medical conditions and allergies you have.

What medical conditions or information should I tell my doctor?
It is important that you tell your doctor all about your medical history, whether you are taking or have taken weight loss drugs in the past, current medical problems, current symptoms, what other medications you take or have taken (prescription and over-the-counter medicines and herbal products) and any prior allergies to medicines.
It is important to make sure your doctor knows if you have heart disease of any kind, high blood pressure, migraine headaches, glaucoma, seizures, depression, Parkinson's disease, prior strokes, prior transient ischemic attacks (TIAs), thyroid disorders, osteoporosis, gallstones, liver disease, kidney disease, history of a major eating disorder (anorexia nervosa or bulimia nervosa) or any other medical problem.

What about physician follow-up visits?
You should make sure you see your doctor as directed for regular follow-up visits where your doctor can follow your body weight and carefully monitor your overall health as you try to lose weight and maintain weight loss.

What medications can cause problems if taken at the same time I take MERIDIA?
Do not take MERIDIA if you are taking prescription medicines called monoamine oxidase inhibitors (MAOIs) [illegible] important to make sure you tell your doctor if you are taking MAOIs that are sometimes used to treat depression, Parkinson's disease (for example, Eldepryl®, Nardil®, Parnate®). This is very important because serious, sometimes even fatal, reactions can occur if MERIDIA is taken at the same time MAOIs are taken.
If you are currently taking an MAOI, your doctor will want you to stop taking it for at least two (2) full weeks before starting MERIDIA.
After taking MERIDIA, your doctor will want you to stop taking it for at least two (2) full weeks before starting another MAOI.
MERIDIA should not be taken if you are taking other weight loss medications that act on the brain (for example, [illegible] includes both prescription and over-the-counter medications and herbal products.
[illegible] But serious medical syndrome called the "serotonin syndrome" has been reported [illegible] MERIDIA are taken along with other drugs that may alter serotonin activity such as [illegible] (Desyrel®, Effexor®, Eldepryl®, Remeron®, Serzone®, Wellbutrin®, Nardil®, Parnate®, Paxil®, Prozac®, Zoloft®), [illegible] Adapin®, Asendin®, Elavil®, Etrafon®, Limbitrol®, Norpramin®, Pamelor®, Sinequan®, Surmontil®, Tofranil®, Triavil®, Vivactil®, Luvox®, Anafranil®), drugs for migraine headache therapy (Imitrex® (sumatriptan succinate)) and dihydroergotamine, certain pain medications such as Demerol® (meperidine), Duragesic® (fentanyl), and Talwin® (pentazocine), the cough suppressant dextromethorphan found in many cough medicines, lithium, and the amino acid tryptophan. The syndrome requires immediate medical attention and may [illegible] one or more of the following symptoms: restlessness, loss of consciousness, confusion, disorientation, [illegible] agitation, weakness, tremor, incoordination, fever, shivering, sweating, vomiting and increased heart rate.
[illegible] metabolism of MERIDIA may be inhibited by ketoconazole (an anti-fungal medicine) and to a lesser degree [illegible] an antibiotic medicine. You need to make sure your doctor knows you are taking these medicines [illegible] MERIDIA. If while taking MERIDIA, your doctor decides to put you on ketoconazole or erythromycin, [illegible]
[illegible] herbal products are also on MERIDIA.
[illegible] remedies as well as certain allergy products and decongestants, contain [illegible] pseudoephedrine that may increase blood pressure or heart [illegible] phenylpropanolamine, ephedrine, or pseudoephedrine, [illegible] your own you should check with your doctor to make sure it is all right to [illegible] you are already taking MERIDIA. Your doctor may advise you to take a certain type of cough, [illegible] will not interact with MERIDIA.

When should I call my doctor?
[illegible] call your doctor immediately if you experience any symptoms or feelings that make you [illegible] health or a possible drug side effect. Let your doctor advise you on your concerns. If you [illegible] symptoms, stop taking MERIDIA and notify your doctor immediately: trouble [illegible] heart pain, angina, rapid heart beats over 100 beats a minute, pounding or irregular [illegible] blackout spells, disorientation, depression, mental confusion, anxiety, [illegible] muscle stiffness or muscle rigidity, high fever, pain in the eyes, [illegible] or other symptoms that concern you.

What weight loss results have been observed with MERIDIA?
Patients treated with MERIDIA while on a reduced calorie diet, showed a significant weight loss during the first months of treatment, and significant weight loss was maintained for one year. In one 12-month study, the average weight loss in patients taking MERIDIA, 10 mg daily, was about 10 lbs. and in those taking 15 mg daily was about 14 lbs. The average weight loss in persons on only a reduced calorie diet was 3 1/2 lbs.

What are some of the more common side effects of MERIDIA?
MERIDIA, like all medications, may cause side effects. In studies the most common side effects were: dry mouth, constipation, and insomnia (inability to fall asleep). Other side effects that may occur include: headache, increased sweating, an increase in blood pressure, and an increase in heart rate. These side effects are generally mild, and were usually not caused people to stop taking MERIDIA. If you develop a symptom that you think might be a side effect, stop taking MERIDIA and notify your doctor immediately so he or she can advise you on what to do.

Can MERIDIA affect blood pressure or heart rate?
MERIDIA SUBSTANTIALLY INCREASES BLOOD PRESSURE IN SOME PATIENTS. REGULAR MONITORING OF BLOOD PRESSURE IS REQUIRED WHEN TAKING MERIDIA.
On average, small increases in blood pressure and small increases in heart rate were seen in overweight people who took MERIDIA in scientifically controlled studies. You should make sure you see your doctor as directed for regular follow-up visits. Your blood pressure and pulse should be measured prior to starting therapy with MERIDIA and should be monitored at regular intervals thereafter. If you experience an increase in blood pressure or heart rate while taking MERIDIA, your doctor may decide to decrease the dose or discontinue MERIDIA.
If you have high blood pressure that is controlled by medication or diet, your doctor may choose to prescribe MERIDIA for you as part of a comprehensive weight management program. MERIDIA should not be taken by people who have uncontrolled or poorly controlled high blood pressure.

Are there any severe side effects?
Certain weight loss drugs have been associated with pulmonary hypertension (PPH), a rare but sometimes fatal disease. In clinical studies, no cases of PPH have been reported with MERIDIA. Because this disease is so rare, however, it is not known whether or not MERIDIA may cause this disease.
The first symptom of PPH is usually shortness of breath. If you experience new or worsening shortness of breath, or if you experience chest pain, fainting, or swelling of your feet, ankles, or legs, stop taking MERIDIA and notify your doctor immediately.

Does MERIDIA cause damage to the heart valves?
Certain weight loss drugs have been associated with cardiac valve dysfunction (heart valve disease). Patients in studies were examined by doctors who used cardiac ultrasound testing to carefully look at heart valve structure and function. In one study, 25 patients were examined before treatment with MERIDIA and again after three months of treatment. None of the patients had heart valve disease. In another study, patients who had received either MERIDIA or placebo (sugar pills) for periods of two weeks to 16 months were examined. Three out of 132 patients (2.3%) who had taken MERIDIA and two out of 77 patients (2.6%) who had taken placebo were found to have heart valve disease. You should discuss this further with your doctor.

Will MERIDIA change the way I need to take nutritional supplements?
Non-drug nutritional supplements, like vitamins, minerals and amino acids (with the exception of tryptophan) may be used along with MERIDIA. You should make sure your doctor knows what nutritional supplements you are taking and why you are taking them. You should not take MERIDIA if you are taking tryptophan. You should not use herbal or over-the-counter weight loss products while taking MERIDIA.

What about drinking alcoholic beverages?
MERIDIA may increase the sedative effects of alcohol. It is important that you let your doctor know how often you drink what type of alcoholic beverages you drink. Your doctor can advise you best as to whether you should drink alcoholic beverages while on MERIDIA.

What about drinking coffee, tea and caffeinated beverages?
MERIDIA (sibutramine hydrochloride monohydrate) can be safely taken with moderate use of coffee, tea or caffeinated beverages. You should check with your doctor to make sure that you do not have a medical condition that can be aggravated by these beverages independent of being on MERIDIA. You should check with your doctor if you consume a great deal of caffeinated beverages or use over-the-counter pills that contain caffeine.

What if I develop allergic reactions?
Stop taking MERIDIA and notify your doctor immediately if you develop a skin rash, hives or other allergic reactions.

What if I am pregnant or nursing?
MERIDIA should not be used by pregnant women or nursing mothers. You should notify your doctor immediately if you become pregnant or plan to become pregnant.

What about sexual activity and potential pregnancy?
Women of child bearing potential should use an effective birth control method while taking MERIDIA. Check with your doctor to make sure you are on a medically safe and effective birth control method while taking MERIDIA.

Will MERIDIA affect the effectiveness of birth control pills?
No.

What about driving a car or dangerous work activities?
MERIDIA should not interfere with your ability to drive your car. However, you should be on the alert for any signs of fatigue, sedation, or lack of alertness. You should be very careful about using alcohol before you drive as MERIDIA may increase the sedative effects of alcohol.
MERIDIA was studied in healthy people and did not affect their coordination or impair their judgement. However, MERIDIA has the potential to impair judgement, thinking, coordination or motor skills. You should check with your doctor if you have any questions with regard to your work and the use of MERIDIA.

How should I keep and use MERIDIA?
MERIDIA should be stored at normal room temperature (about 60 to 85°F). Never leave MERIDIA in hot or moist places.
It is important to keep MERIDIA in a safe area where children cannot get it.
If your child swallows MERIDIA, immediately speak with your doctor and/or take your child to the emergency room for immediate medical attention. If you are unable to reach a doctor or emergency room, call the poison control center at 1-800-764-7661.
Never take more MERIDIA than prescribed by your doctor.
You should never share MERIDIA with a friend.

SAVE THIS PATIENT INFORMATION SHEET. YOU SHOULD KEEP THIS SHEET TO REFER BACK TO FROM TIME TO TIME. KEEP IT IN A SAFE PLACE WHERE YOU CAN FIND IT. YOU MAY WANT TO BRING THIS SHEET WITH YOU EVERY TIME YOU VISIT YOUR DOCTOR. IT MAY HELP YOU WITH YOUR DISCUSSIONS WITH YOUR DOCTOR.

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Sibutramine is covered by US Patent Nos 4,746,680, 4,929,629, and 5,436,272.
This patient information sheet is intended for information only. It is not a substitute for your doctor's instructions. Notify your doctor immediately of any questions or concerns. Never take extra doses of MERIDIA.
For additional information on MERIDIA and weight management, please visit our Web Site at www.4meridia.com or call Knoll Medical Information Department at 1-800-526-0221.

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BASF Pharma

DON'T SWEAT THE SMALL

Continued from page 52

Cultivate intuition. No one [illegible] the value of analytical thinking, but there's another type of [illegible] that is every bit as important to [illegible] only when you quiet your mind—when you stop sorting and calculating and comparing, and allow the answer to come to you. Your intuition is a powerful tool. Learn to trust it.

Think of stress and frustration as distractions to your success. Some people assume that stress and success are linked in some essential way. In fact, unchecked stress interferes with clear thinking, inhibits intuition and creativity, saps your energy and robs you of your sense of humor. Far from helping you keep your edge, it actually gives the advantage to your competitors. While it's true that some degree of stress is inescapable, if you see it as a positive or necessary factor, you'll just end up creating more.



Some people think a relaxed demeanor won't look good. The truth is, happy people's enthusiasm spurs them to better performance

Go With The Flow

[illegible] it. Everyone who [illegible] living encounters rules and regulations that seem to defy logic and common sense. You can waste a great deal of time complaining and fighting it, without ever changing anything. But keeping your composure and your sense of humor will ease your way through a frustrating situation. Getting angry will only bring out the worst in a bureaucrat, encouraging him to turn to the rule book instead of finding a real solution.

Mama said there'd be days like this. There are times when you give a hundred percent, but the universe seems to conspire in making everything go wrong. Factor into your plans the occasional day from hell, and don't take yourself too seriously. The world won't stop spinning because you had a bad day.

Pick your battles. One of our major stressors is a tendency to cling to arguments we have no chance of winning. Obviously if the stakes are high—involving your integrity or a serious amount of money—a fight is worth the trouble. But learn to let go of the little battles. Their outcome is practically irrelevant—we fight them out of habit or stubbornness.

Don't get stressed by the predictable. In most industries, there are certain standard problems. You must learn to factor them into your awareness and plan your life to accommodate them. If you're a flight attendant, you know planes will occasionally be delayed; if you're an accountant, you know there will be overtime in March and April.

Ask for what you want, but don't insist on getting it. It's important to speak up, but realize that there are no guarantees. Think of the asking itself as an accomplishment, but don't get too attached to the outcome. The key to detachment is to see that being turned down often has very little to do with you personally. The client may love your product, but it's not in his budget. Your boss may think you're a terrific worker, but she can't give you a better office because it's been promised to someone with seniority. It's great to ask—but be gracious if you don't get what you want.

Rx for a Really Crazy Day

Take breaks. I used to think I could get more done by working straight through the day. But over the years I've learned that skipping breaks actually blunts productivity. Just a few minutes to clear your head can make all the difference in your outlook.

Remember the three R's. No, not the ones you learned in school. The ones I'm talking about are *responsive*, *receptive* and *reasonable*. *Responsive* means acting appropriately to the issue rather than being driven by knee-jerk reactions. When you maintain perspective, you become calmer and more effective. *Receptive* people are open to ideas and learn quickly. *Reasonable* suggests the ability to see things fairly, to put yourself in others' shoes. These three words represent most of what you need to be an effective, kind worker.

Don't procrastinate. Sometimes it's helpful to be reminded of the obvious. Whenever you have to deal with something difficult—resolve a conflict, make a sticky phone call, confront *(continued)*

someone or turn him down—do it first thing. You get it over with, you're fresher and more alert as you deal with it, and you have better concentration for the rest of the day because the dreaded event is not nibbling at your mind.

Before becoming defensive, listen. Suppose someone takes a quick look at a report you've spent months working on and says something less than flattering, such as, "Did it really have to be this long?" You could spend a lot of your time being annoyed and hurt at insensitive comments like this. Instead, step back, breathe, relax and really listen before you react. Is there an element of truth in what your critic says, or is he simply being a jerk? If you can learn something, so much the better; if the comment was merely mean-spirited, why let something so trivial ruin your day?

Reliable Relaxers

Spend ten minutes a day doing nothing. People moan that they are much too busy to do this, but it's precisely because you're so busy that it's a great idea. It gives you a chance to access the quiet part of your brain where wisdom resides. It turns what looks like chaos into a more manageable situation, and gives you a chance to regroup. Ideas and solutions that wouldn't have surfaced when you were frenetic will simply pop into your mind. This could be the most productive ten minutes of your day.

Accept the fact that you're not going to please everyone. It's not easy to live with others' disappointment, but it's inevitable. Four people want you to call back before five P.M., but the second call takes longer than anticipated—presto, two unhappy people. In spite of your best efforts, your actions may hurt and disappoint others. When you make peace with that fact, a huge weight is removed.

Set personal priorities. When you're busy, it's easy to postpone or overlook your true priorities. Write down the personal things that are most important to you, then put the list away. Take it out in two weeks and reread it. If your actions match the list, you're in a tiny minority. Most people find that while things like reading, exercising, spending time with family and volunteering are high on the list, they have actually spent their time watching TV, shopping, running errands and hanging out. Your lack of satisfaction will translate into frustration at work and elsewhere.

Know that the choice is yours. We tend to think that our circumstances are beyond our control, but the truth is, most people choose their careers. That's not to say that your problems are necessarily your fault, but that all things considered (including income needs, job stability and availability), you made the decision to be doing what you're doing. Once you embrace the concept of choice, you will begin to feel less victimized, more empowered and successful.



Don't Lose Your Focus

Create a bridge between your spirituality and your work. If kindness [illegible] tience, honesty and generosity [illegible] spiritual qualities you believe [illegible] make every effort to practice them [illegible] the office. Work is the perfect envi[illegible] ronment to extend your spirituality [illegible] in the way you greet people and deal

Avoid gossip.

Let go of personality clashes.

CCEPT THAT SMALL STUFF HAPPENS

o matter who you are or how suc[illegible] ssful you become, you're still going [illegible] have your share of problems. Re[illegible] ind yourself of this fact regularly, [illegible] ecause it's tempting to believe that [illegible] our new wisdom and insight are go[illegible] g to exempt you from the reality of [illegible] aily hassles. But with practice, [illegible] ou'll be able to recognize them for [illegible] hat they are: small stuff. ●



LHJ BOOK BAG

Dr. Richard Carlson's new release, Don't Sweat the Small Stuff at Work: Simple Ways to Minimize Stress and Conflict While Bringing Out the Best in Yourself and Others, published by Hyperion, is available to LHJ readers. This inspirational 272-page softcover book includes many more ideas on how to reduce workplace stress. The book sells for $16.95; the audiobook, from Simon & Schuster Audio, also sells for $16.95. Prices include shipping, handling and applicable sales tax.

A word you don't normally see next to Rice Cakes:

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Thomas Kinkade's Simpler Times— a year-long celebration



Calendar display measures approximately 23 inches H x 10½ inches W. No assembly required.

The timeless art of *Painter of Light™ Thomas Kinkade* now appears for the first-time ever in a series of ha numbered, limited-edition calendar plates with a FR hardwood display. The 12-plate *Thomas Kinkade's Simp Times* collection by the 1998 NALED Plate of the Y winner is perfect for making a special occasion of ev day of the year.

From "January Lamplight Bridge" to "December Victorian Christmas," the collection is a year-long celebrati of some of America's most beautiful and sought-after a

Created on fine-porcelain banded in 22K gold, each the 12 collector's plates offers a delightful scene from t original work of America's most-collected living art These plates come with an attractive, hardwood calend display and 55 date and special occasion tiles-a $75 value—yours FREE*.

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Calendar includes 33 har wood date tiles, 7 blank til and 15 "special day" tiles

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James P Gallagher

James P Gallagher,
Director of the Board of Governors
This mark identifies the world-class work of the respected artists inducted as charter members of the Bradford Exchange Plate Artist Hall of Fame

THE BRADFORD EXCHANGE

THE Heart OF PLATE COLLECTING®





▲ "May"

Rotate your plates with each new month for a whole year of Kinkade art



Plate shown slightly smaller than actual size of 5¾ inches.

"December" ➢

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Please check one Are you purchasing this plate

For yourself? 41412-E88091 or as a gift? 41412-E88092

Signature _____

Mr. Mrs. Ms. _____

Name (Please Print Clearly)

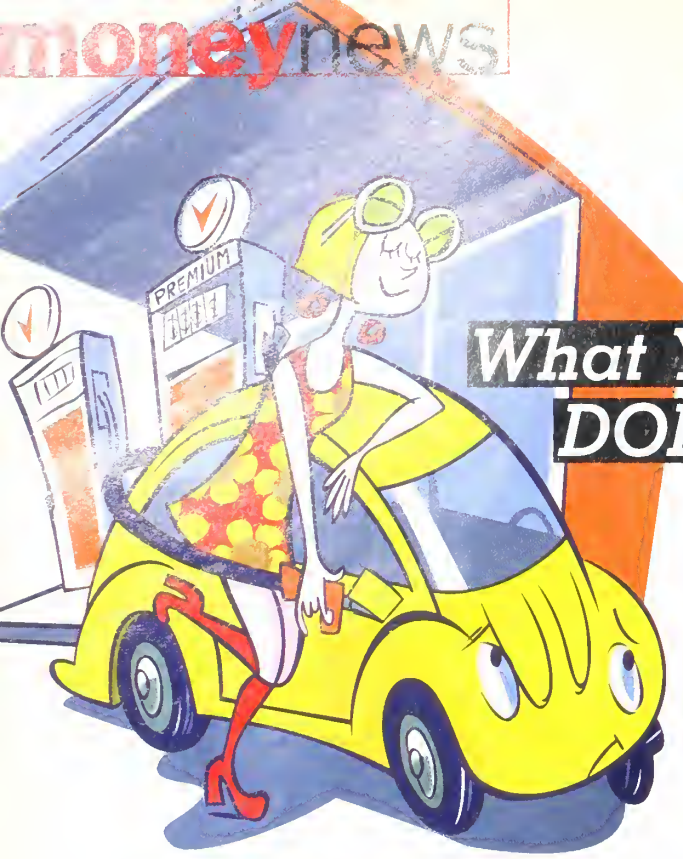
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City _____ State _____ Zip _____

Home Telephone Number ( ) _____

*$ per plate. **One time charge of $6.21 postage & handling for calendar display. Illinois residents add applicable sales tax. Subject to credit approval. Edition limited to 95 firing days. Prices higher in Canada. My FREE calendar display will be sent after I pay for the first plate.

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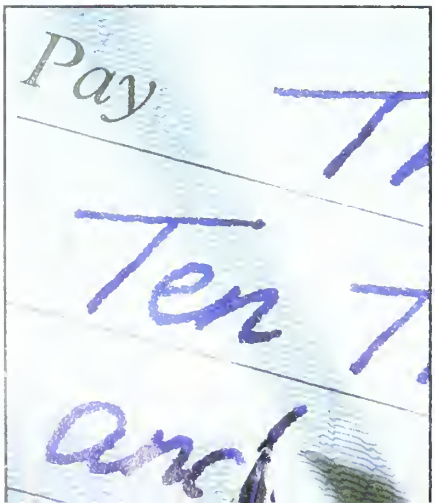
What Your Car DOESN'T Need

If you've been spending top dollar on your car because you always thought that expensive equals better, it's time to brush up on basic car care. "Automotive technology has changed rapidly in the last decade, but people haven't been reeducated," says Mary Jackson, author of *Car Smarts* (John Muir Publications, 1998). Here are a few things your car can do without:

HIGH-OCTANE GAS Many drivers think premium means best, but only 10 percent of cars sold today require the priciest gas. Buy what your manual recommends. **ENGINE ADDITIVES** These claim to improve performance, but name-brand oil and gas already contain what your engine needs. **RUSTPROOFING** Advances in steel coating have eliminated the need for extra rustproofing, which can void your corrosion warranty. —Arricca Elin SanSone

The **High Cost** of Convenience

Looking for help paying off those hefty holiday bills? Beware of too-good-to-be-true post-holiday presents, such as blank checks sent compliments of your credit-card issuer, including banks that handle both MasterCard and Visa. Customers are encouraged to use them to pay bills or to transfer debt from other credit cards. But these "live checks" or "convenience checks" aren't really checks at all—they're actually cash advances. Use them, and you'll be hit with a fee plus a higher interest rate, and you probably won't get a grace period, rebates on the travel miles you [illegible] which you use [illegible] says [illegible] Dvorkin, C.P.A., president and founder of Consolidated Credit Counseling Services, Inc., in Fort Lauderdale, Florida. Also, if your checks are stolen and forged, you are liable for the charges until you can prove that the signature is not yours. So be sure to tear the checks up before you throw them out. —Corinne L. Domingo



GOING FOR BROKER

Q: I'm tempted by the low, low fees of on-line brokers. But is that a smart way to invest?

A: Whether to use a discount broker depends on how much help you need. A *full-service broker* monitors your portfolio and offers advice, which she obtains from her company's analysts. She charges a commission for each transaction—so you'll want to be sure her advice is independent of the money she'll make, warns Hope Feinglass, a Chicago financial planner. A *discount broker* is simply an order-taker. She won't offer advice, so you'll need to do your own investment research, or discuss your goals with an independent adviser. A discount broker's commission averages 25 percent less than a full-service broker's—but the savings can be as much as 70 percent. Web sites such as E*TRADE, through which you can buy and sell stocks electronically, usually charge a low flat fee. Transactions on these sites are protected by encryption software, so privacy and security are no longer a big concern. —Sarah Smith

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The Argument Against Equal Marriage



Danielle Crittenden, with her husband, David Frum, says that much of the crisis in modern marriage is the consequence of equality. Couples are so preoccupied "with the balance of power that many are unable or unwilling to make commonplace accommodations to married life"

Married women in the seventies often became feminists after experiencing what they described as a "click experience." Their husbands handed them one too many shirts to launder. They were ignored at yet another party because "wives of" were assumed to have nothing to say. Or it would hit them, as they drove their kids to soccer practice, that they had not earned a college degree in order to become unpaid chauffeurs for whiny eight-year-olds. Suddenly everything would click.

Not long ago, I had what might be called the opposite of a click experience (a "clack"?). During a weekly tennis clinic, the instructor assembled a group of us by the net after a rest break. I realized that I'd left my tennis racket at the other end of the court, then noticed my husband had, too. I jogged over and retrieved both rackets.

"Oh, darn," said a classmate, a woman who looked to be in her early thirties. "I was going to congratulate you for *not* bringing it."

"Sorry?" I didn't follow.

"Your husband's racket," she explained. "I was hoping you were going to make him get it himself."

"Ah." Now I "clacked." In my classmate's eyes, bringing my husband his racket might betray some lingering reactionary belief that it is the wife's duty to bring her husband his things. What sort of behavior would I be capable of next? Fetching him his newspaper and slippers? Having a chilled martini ready when he came home from work?

But imagine the situation the other way around. How would I have reacted if my husband had returned with his racket, but left mine on the bench? I would think he was the very kind of sexist boor we are told most men were before the women's movement came along. Now, here was my classmate espousing the same sort of boorish sexism in reverse.

Forget about keeping score, says this noted conservative commentator. There are far bigger issues at stake in your relationship than who does the dishes By Danielle Crittenden

An Old Refrain

Ever since Mary Wollstonecraft dipped her pen in ink to write the *Vindication of the Rights of Woman* in 1792, we have heard over and over that marriage is an institution created for the benefit of men at the expense of women's freedom. Contemporary feminists are simply repeating the latest version of a view that has not changed much since Victorian suffragettes raged against women's enslavement by husbands. They echo Simone de Beauvoir, who wrote in her 1949 treatise, *The Second Sex*, that marriage is "intended to deny [a woman] a man's liberty" and that a wife's function is nothing more *(continued on page 68)*

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Take Along
A Little Less Fat.

OU'VE GO TASTE IT TO BELIEVE IT

continued from page 66

than "to satisfy a male's sexual needs and to take care of his household" in exchange for his protection. That marriage today no longer bears much resemblance to Beauvoir's grim description is beside the point.

I once found myself, as the token "nonfeminist" opponent, the easiest way to win applause from the college students in the audience, I quickly learned, was to assert that many of the problems women face today were because they still didn't get a fair shake in marriage—that men, the louts, still weren't pulling their weight. The audience began to boo and hiss when I suggested that much of the current crisis in marriage could be the consequence of the equality that we have now acquired. With both husbands and wives attempting to occupy exactly the same roles, a frantic struggle had erupted over the demands of work and family. And as a result of this preoccupation with the balance of power, a great many modern women—and men—find themselves unable or unwilling to make even very commonplace accommodations to married life.

Later, when I surveyed college women on the kind of marriage (if any) they envisioned for themselves, a composite of their ideal husband emerged: He would, first, recognize his wife as an equal and treat her aspirations and desires as seriously as his own. He would split the household chores and child care. He would not patronize her by assuming that she was too weak to look out for herself or assume that authority should fall to him because he's "the man." They also expected their ideal husband to be faithful and sensitive to their moods and sexual desires.

In other words, men are expected to earn a living as uncomplainingly as ever but also to clean the house, change the diapers, be constant and considerate lovers, give up the freedom of bachelorhood, and by the way get their own damn tennis tickets. And, of course, modern men do in fact pitch in with the dishes or take the kids to the park more often than they used to. But we women make a trade-off for this new male compliance: male unreliability. The unshirking shouldering of a family's financial burdens in exchange for a woman's agreement to run the home is a sacrifice fewer men seem willing to make these days.

Single women often complain that the men they meet seem immature and unwilling to settle down. But I also know married women in their thirties who have confided to me that they would love to have children, but worry that their husbands aren't "emotionally ready" for fatherhood. Or they say they can't afford to take time off from their jobs to have kids.

When a woman says that, she is really saying that her husband is unwilling to support them if she leaves her job to have a baby. And good

> We have no satisfying role models for the sort of modern wives we want to be; we just know what we *don't* want to be

modern wife that she is, she is embarrassed by—or feels guilty about—any hope or expectation on her part that he would.

So, while women now are freer to pursue their ambitions outside the home, they have been robbed, in a sense, of the choice to care for their children and expect support from their husbands for doing so.

From an equality viewpoint, this might seem well and good. The shared economic responsibility might even appear to promote a more romantic concept of marriage, in which men and women are bound to each other by love alone.

The unfortunate discovery of my generation, however, is that economic equality brings us no closer to "flourishing love" than the old sexual division of labor. Actually, as the divorce rate indicates, we have drifted farther away. And this is because successful marriage has less to do with reaching equity with our husbands than it does with understanding and accepting the different compromises and sacrifices men and women make over the long haul—compromises and sacrifices that arise out of our sexual differences, and thus our different reasons for getting married in the first place.

It is hard to appreciate this if you don't have children. When many of the feminist proponents of radically egalitarian marriage (most of them childless) talk about marriage, they lump the tasks connected to raising children in with other household chores. The moment you take children seriously, however, the entire dynamic changes. The two adults suddenly find themselves at the helm of a new unit whose success will depend upon their wholehearted commitment to each other and the well-being of their children. Over the course of a marriage, both husband and wife will make hundreds of compromises and sacrifices for their children. But whether the new arrangement is strictly fair to either individual ceases to matter, or at least becomes less important than whether it is best or right for the family as a whole.

Women and Children Last

One bitter irony of this obsession with precise equality in marriage is that women and their children have been left much more vulnerable to the whims of their husbands than ever before. *(continued on page 74)*

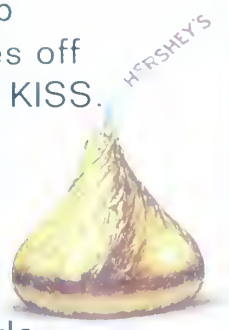
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Party Time

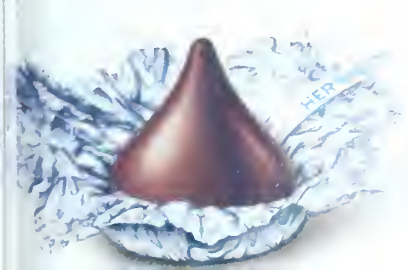
Spice things up a bit at your next party—sprinkle HUGS and KISSES on your holiday table!

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Send more than just a card. Seal it with a KISS!





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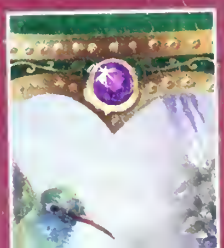
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AGAINST EQUAL MARRIAGE

Continued from page 68

After all, it is not as if men never bridled at the arrangements of the past. But if a man decided to abandon his family for anything less than the most compelling reasons, he risked banishment from the company of respectable people and was obliged to support forever the wife and family with whom he no longer lived.

The protections the law once afforded to women no longer exist. When a marriage breaks up, a wife is often not entitled to alimony, even if she earns less than her ex-husband. As for child support payments, David Blankenhorn, author of *Fatherless America: Confronting Our Most Urgent Social Problem* (HarperCollins, 1996), estimates that custodial parents receive only about $3,000 per year.

> One bitter irony of equality in marriage, Crittenden contends, is that women are much more vulnerable to the whims of their husbands than ever before

Perhaps a more effective approach would be to change the attitude with which we now view marriage. For despite suffering through the highest divorce rate in the nation's history, nearly three quarters of Americans persist in believing that marriage is a lifelong commitment that should not be broken except under extreme circumstances.

The compromises a couple is willing to make for each other, the responsibilities the partners are willing to shoulder for their family, are bearable only if they can be assured that their marriage is going to last and that the society around them considers an enduring marriage worthwhile. If a couple is uncertain of this, and neither partner respects the sacrifices the other is making, then they will begin to feel like chumps for making those sacrifices and for holding themselves to certain standards of behavior that no one else seems to bother with.

The many feminist critics of marriage insist that traditional marriage is incompatible with modern women's lives—that very few women would be willing to return to marriages in which wives confine themselves largely to home and family while husbands go to work. These critics consider any attempt to salvage, or reexamine, traditional marriage a pointless exercise in nostalgia—if not an actively subversive attempt to turn back the clock on women's achievements outside the home.

Yet the quest for perfect parity in marriage will never liberate women from our duties and cravings as mothers. What it *can* do is provide an excuse for shirking the duties of fatherhood. If men are told they are not needed to support their wives and children, if they are made to understand that their role as father is interchangeable with the mother's—or, for that matter, with the babysitter's, or the day-care worker's—what compelling reason do men have t remain with their families?

Marriages are held together f reasons—because husbands an wives seek different roles within ma riage; because they rely upon ea other for different things. And ma riages are held together even more b opinion—the opinion of society th marriage is good and laudabl that separation is a calamity and failure, and by the opinion of th husband and wife themselves th only the gravest incompatibility ca justify divorce. Yet, step-by-step, w have weakened these reasons and di carded these opinions.

The feminist vision of marriage which both "partners" occupy th same roles inside and outsi the home may sound appealing, but leaves nothing to bind a man to h wife and children—or a wife to h husband—beyond the tenuous bon of romantic and sexual attraction. If man is decent and loves his wife a would never abandon her, well, luck her—she's found a gem. But what his sense of duty and obligation a less strong? What if he's feeling r sentful or trapped or bored or sexua ly listless or financially overburdene What holds him there? Certainly n the cost of divorce—he can escap that. He will not face banishme from his church (if he goes church) or ostracism by his friends disapproving looks from his neighbo or even, if he acts civilized about it, harsh word from his in-laws. Sure, h might feel guilty for a while, but gu is a short-lived emotion, especial when society is telling you that y don't have to put up with anythi that doesn't make you *(continue*



LHJ BOOK BAG

In the book What Our Mothers Didn't Tell Us: Why Happiness Eludes the Modern Woman, author Danielle Crittenden takes a critical look at the big topics in most women's lives—marriage, sex, motherhood and work. This thoughtful and witty 224-page hardcover book is available through arrangement with Simon & Schuster and sells for $28, which includes shipping, handling and applicable sales tax.

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A low level liver tumors was found in a 2-year study in mice at doses 10 times the maximum recommended human daily dose. During long-term use of ZYRTEC in the human lymphocyte assay, the mouse lymphoma assay, and the mouse micronucleus test, no genotoxicity was found in a fertility and general reproduction study in rats at doses 6 times (approximately 26 times the maximum recommended human daily dose). **Pregnancy Category B:** Cetirizine was not teratogenic in mice, rats, or rabbits at doses approximately 40, 180, and 215 times the maximum recommended human daily dose. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, ZYRTEC should be used during pregnancy only if clearly needed. **Nursing Mothers:** Cetirizine weight gain was found in mice during lactation when dams were given oral doses 40 times the maximum recommended adult human daily oral dose. Approximately 3% of the dose is excreted in milk. Cetirizine is excreted in human milk. Many drugs are excreted in human milk, use of ZYRTEC by nursing mothers is not recommended. **Geriatric Use:** In placebo-controlled trials, 186 patients aged 65 to 94 years received ZYRTEC 5 mg per day. Adverse events were similar in this group to patients under age 65. Subset analyses of these patients did not reveal differences in safety or efficacy. **Pediatric Use:** The safety of ZYRTEC, at daily doses of 5 or 10 mg, has been evaluated in 1,100 children 6 to 12 years of age in placebo-controlled clinical trials lasting up to four weeks and in 254 children 6 to 12 years of age in a one-year open-label trial. The effectiveness of ZYRTEC for the treatment of seasonal and perennial allergic rhinitis in the pediatric age group is based on an extrapolation of the demonstrated effectiveness in adults and the likelihood that the disease course, pathophysiology and the drug's response are similar between these populations. The recommended doses for the pediatric population are supported by adequate studies of the pharmacokinetics and pharmacodynamics of cetirizine in adults and children. Clearance in both adults and pediatric patients at doses equal to or higher than the recommended dose. The pediatric AUC and Cmax in pediatric subjects 6-11 years of age who received a single dose of 10 mg was intermediate between that observed in adults who received a single dose of 10 mg (one 10 mg tablet) and those who received a single dose of 20 mg of cetirizine tablets. **ADVERSE REACTIONS** Approximately 3900 controlled clinical trials conducted in the United States and Canada included more than 6000 patients aged 12 years and older with more than 3900 receiving ZYRTEC at doses of 5 to 20 mg per day. The duration of treatment ranged from 1 week to 6 months, with a mean exposure of 30 days. Most adverse reactions reported during therapy with ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in patients receiving ZYRTEC 5 mg or 10 mg was not significantly different from placebo (2.9% vs. 2.4%, respectively). The most common adverse reaction in patients aged 12 years and older that occurred more frequently on ZYRTEC than placebo was somnolence. The incidence of somnolence associated with ZYRTEC was dose related, 6% in placebo, 11% at 5 mg and 14% at 10 mg. Discontinuations due to somnolence for ZYRTEC were uncommon (1.0% on ZYRTEC vs. 0.6% on placebo). Fatigue and dry mouth also appeared to be treatment-related adverse reactions. There were no differences by age, race, gender, or by body weight with regard to the incidence of adverse reactions. Table 1 lists adverse experiences in patients aged 12 years and older who were reported for ZYRTEC 5 and 10 mg in controlled clinical trials in the United States and that were more common with ZYRTEC than placebo. **Table 1. Adverse Experiences Reported in Patients aged 12 years and older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence), ZYRTEC (N=2034) vs Placebo (N=1612) respectively:** Somnolence (11.7% vs 6.3%), Fatigue (5.9% vs 2.6%), Dry Mouth (5.0% vs 2.3%), Pharyngitis (2.0% vs 1.9%), Dizziness (2.0% vs 1.2%). In addition, headache and nausea occurred in more than 2% of the patients, but were more common in placebo patients. Pediatric trials were also conducted with ZYRTEC. More than 1300 pediatric patients (6 to 11 years) were exposed to ZYRTEC in 600 double blind trials with ZYRTEC at doses of 1.25 to 10 mg per day were included in controlled and uncontrolled clinical trials conducted in the United States. The duration of treatment ranged from 2 to 12 weeks. The majority of adverse experiences reported in the pediatric patients (6 to 11 years) with ZYRTEC were mild or moderate. In placebo-controlled trials, the incidence of discontinuations due to adverse reactions in pediatric patients receiving up to ZYRTEC 10 mg was similar (4% for ZYRTEC vs. 1.0% placebo). Table 2 lists adverse experiences which were reported for ZYRTEC 5 and 10 mg pediatric patients (6 to 11 years) in placebo-controlled clinical trials in the United States and were more common with ZYRTEC than placebo. Of these, abdominal pain was considered treatment related and somnolence appeared to be dose related: 1.3% in placebo, 1.9% at 5 mg and 4.2% at 10 mg. **Table 2. Adverse Experiences Reported in Pediatric Patients (6 to 11 years) in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg dose) Which Occurred at a Frequency of 2% in Either the 5 mg or the 10 mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs Placebo (N=309):** Headache (11.2% 5 mg, 14.0% 10 mg, 11.3% placebo), Pharyngitis (6.2% 5 mg, 2.8% 10 mg, 2.9% placebo), Abdominal pain (4.4% 5 mg, 6% 10 mg, 1.9% placebo), Coughing (4.4% 5 mg, 2.8% 10 mg, 3.9% placebo), Somnolence (3.7% 5 mg, 4.2% 10 mg, 1.3% placebo), Diarrhea (3.1% 5 mg, 1.9% 10 mg, 1.3% placebo), Epistaxis (3.1% 5 mg, 1.9% 10 mg, 2.9% placebo), Bronchospasm (3.1% 5 mg, 1.9%, 10 mg, 1.9%, placebo), Nausea (1.9% 5 mg, 1.8% 10 mg, 1.9% placebo), Vomiting (2.5% 5 mg, 2.3% 10 mg, 1.0% placebo). The following events were observed infrequently (<2%) in over 3982 adults and children 12 years and older or in 659 pediatric (6 to 11 years) patients who received ZYRTEC 5 or 10 mg, including an open adult study of six months duration, a causal relationship with ZYRTEC and study drug is not established. **Autonomic Nervous System:** anorexia, urinary retention, flushing, increased salivation, sinus dryness. **Cardiovascular:** palpitation, tachycardia, hypertension, cardiac failure. **Central and Peripheral Nervous Systems:** paresthesia, confusion, hyperkinesia, hypertonia, migraine, tremor, vertigo, leg cramps, dysphonia, abnormal coordination, hyperesthesia, hypoesthesia, myelitis, paralysis, ptosis, twitching, visual field defect, convulsions. **Gastrointestinal:** increased appetite, dyspepsia, abdominal pain, diarrhea, flatulence, constipation, gastritis, aggravated tooth caries, stomatitis, tongue discoloration, tongue edema, gastritis, dysphagia, abdominal pain, hepatic function, eructation. **Genitourinary:** polyuria, urinary tract infection, urinary frequency, urinary incontinence. **Hearing and Vestibular:** earache, tinnitus, vertigo. **Metabolic/Nutritional:** thirst, dehydration, diabetes mellitus. **Musculoskeletal:** myalgia, arthralgia, muscle weakness. **Psychiatric:** insomnia, sleep disorder, nervousness, depression, emotional lability, anxiety, depersonalization, paranoia, abnormal thinking, agitation, amnesia, hallucinations. **Respiratory System:** epistaxis, rhinitis, coughing, bronchospasm, dyspnea, upper respiratory infection, increased sputum, bronchitis, pneumonia, respiratory disorder. **Reproductive:** dysmenorrhea, breast pain, intermenstrual bleeding, leukorrhea, menorrhagia, vaginitis. **Reticuloendothelial:** lymphadenopathy. **Skin:** pruritus, rash, dry skin, urticaria, acne, dermatitis, erythematous rash, exfoliative dermatitis, angioedema, furunculosis, bullous eruption, eczema, hyperkeratosis, hyperhidrosis, photosensitivity reaction, maculopapular rash, seborrhea, purpura, skin disorder, skin nodule. **Special Senses:** **Vision:** blindness, loss of accommodation, eye pain, conjunctival hemorrhage. **Body as a Whole:** increased weight, back pain, malaise, fever, peripheral edema, rigors, leg edema, face edema, hot flashes, enlarged abdomen, chest pain, accidental injury. Occasional instances of transient, reversible hepatic enzyme elevations during therapy. A single case of possible drug-induced hepatitis with significant (1000 IU/L) and elevated bilirubin has been reported. In foreign marketing experience, several adverse events have been reported: hemolytic anemia, thrombocytopenia, anaphylaxis, hepatitis, glomerulonephritis, stillbirth, and cholestasis. **DRUG ABUSE AND DEPENDENCE** No information to indicate that abuse or dependency occurs with ZYRTEC. **OVERDOSAGE** One adult patient who took 150 mg of ZYRTEC, the highest dose reported with ZYRTEC. In one adult patient who took 150 mg of ZYRTEC, the only clinical signs or abnormal blood chemistry or hematology results. In children, ingestion of ZYRTEC (approximately 180 mg) restlessness and irritability were followed by drowsiness. Should overdose occur, treatment should be symptomatic or supportive. There is no specific antidote to ZYRTEC. Hemodialysis and dialysis will be ineffective unless a dialyzable agent has been coadministered. The oral doses to mice and rat were 237 and 562 mg/kg, respectively (approximately 40 and 90 times the maximum recommended human daily oral dose on a mg/m² basis). In rodents, the target organ and the target of multiple dose toxicity was the liver. **DOSAGE AND ADMINISTRATION: Adults and Children 12 years and older:** The recommended initial dose of ZYRTEC is 5 or 10 mg once daily, depending on symptom severity. Most patients in clinical trials started at 10 mg/day. Food: The time of administration may be varied to suit individual patient needs. Renal Clearance: In adults with renal clearance 11-31 mL/min), patients on hemodialysis (creatinine clearance <7 mL/min), and geriatric patients, a dose of 5 mg once daily is recommended. **Children:** ZYRTEC in children aged 6 to 11 years is 5 or 10 mg (1 or 2 teaspoonfuls). Administration may be varied to suit individual patient needs.

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AGAINST EQUAL MARRIAGE

Continued

happy—that doesn't feel right for you—that threatens your identity as an *individual.*

An Equality in Spirit

So how *should* women today approach marriage?

Unfortunately, there is no contemporary model for a marriage in which our modern belief in sexual equality can be reconciled with the inherent differences of our sexual natures. This is why, I suppose, women are so fearful about "going back": The only alternative to the obsessively egalitarian marriage of today that they can imagine is the rejected inegalitarian one of the past. We have no satisfying role models for the sort of modern wives we want to be; we just know what we *don't* want to be.

But it may be that in order for modern women to have the marriages we want, we may have to stop being so preoccupied with our identities, and instead develop an appreciation for the mutual, if differing, contributions we make to marriage as men and women. Maybe what we should expect from our marriages is not so much an equality in kind but an equality in spirit. We want our husbands to love and respect us, to see us as their equals in all aspects of the mind and soul, but that doesn't mean we have to do exactly the same things in our day-to-day lives or occupy identical roles. We must also understand that family has never been about promotion of rights but about the surrender of them—by both the man *and* the woman. A wife and husband give up their sexual freedom, their financial freedom, their right to pursue happiness entirely on their own terms the moment they leave the altar. No matter what may come of their marriage, they have tied their identities—and fates—together. Through the act of having children, they seal them.

Married people know that their union is about more than being home in the evenings or spending weekends together or deciding what color to paint the walls; it's about more, even, than happiness and contentment and compatibility. It is about life and death, blood and sacrifice, this generation and the next, and one's connection to eternity. ●

Danielle Crittenden is founding editor of The Women's Quarterly, which is published by the Independent Women's Forum in Washington, D.C. She has written for The Wall Street Journal, The Washington Post and The New York Times.

Tell Us What You Think

Do you agree with Danielle Crittenden's assessment of modern marriage? Are today's married women who have children and hold down full-time jobs better off than their mothers who stayed at home to raise their children? Has Crittenden changed the way you think about equality in marriage?

We want to hear from you. E-mail us at *lhjviews@mdp.com*, or write to *Ladies' Home Journal*, Box MM, 125 Park Avenue, New York, NY 10017.



Off to a fine start



Magic moments

Eight Ways to Make It **Romantic**

Let passion have a place in your home, with soft light, silky fabrics and other feel-good flourishes By Alexandra Stoddard

MORNING GLORY Instead of grabbing a bagel as you race out the door, take a few extra minutes to set a pretty table and actually sit down to eat with your loved one. Colorful hand towels make wonderful napkins, and a linen tablecloth and brilliant china are musts. A vase filled with flowers completes your romantic rendezvous spot.

YOU MUST REMEMBER THIS The memories are beautiful, so why not enjoy them? A series of honeymoon photos, attractively framed and arranged on a tabletop, is a pretty way to be reminded of your most precious moments.

SLEEP SNUG A four-poster bed draped in white gossamer is sure to set a sensuous mood. Mix pastel sheets with piles of pillows, and let an overhead painting or poster of someplace romantic transport you.



Heavenly rest



Beautiful reflections



Light up the night



Floral inspiration

PERSONAL TOUCH Next time, perform your *toilette* at a dressing table that's undeniably feminine, with a mirrored tray topped with crystal silver-capped jars. Complete the tableau by filling the table with pictures of your nearest and dearest—and by draping a sexy silk nightgown over the chair.

MOOD LIGHTING Candles do more than give off a warm glow: They set a mood that can be unmistakable. Votive candles in small, clear glass bowls reflect beautifully on polished wood surfaces.

LANGUAGE OF LOVE If you want to express your heart's desire, your well-dressed desk should include sweet, ribboned letter boxes, inkwells and pens. And to inspire your loving missives, fresh flowers in a glass vase work wonders.

TEMPERATURE'S RISING It's the definition of romance itself: two glasses of wine, some fruit and cheese, and a roaring fire to cuddle in front of. Add a soft lamb's-wool throw, sensuous, silk-covered pillows and a soft, springy rug, and the romantic possibilities multiply.

JUST US Create an intimate space for you and your mate—a sofa in the bedroom will do. Then curl up together with good books and hot tea—what a way to spend a cold afternoon!



Hearts afire



The cuddle zone



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Once around the blo



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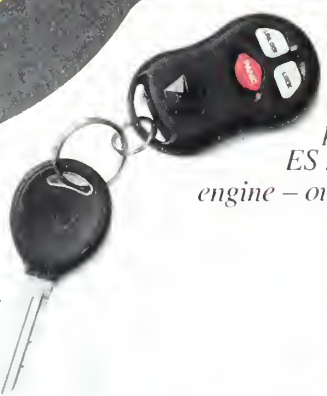
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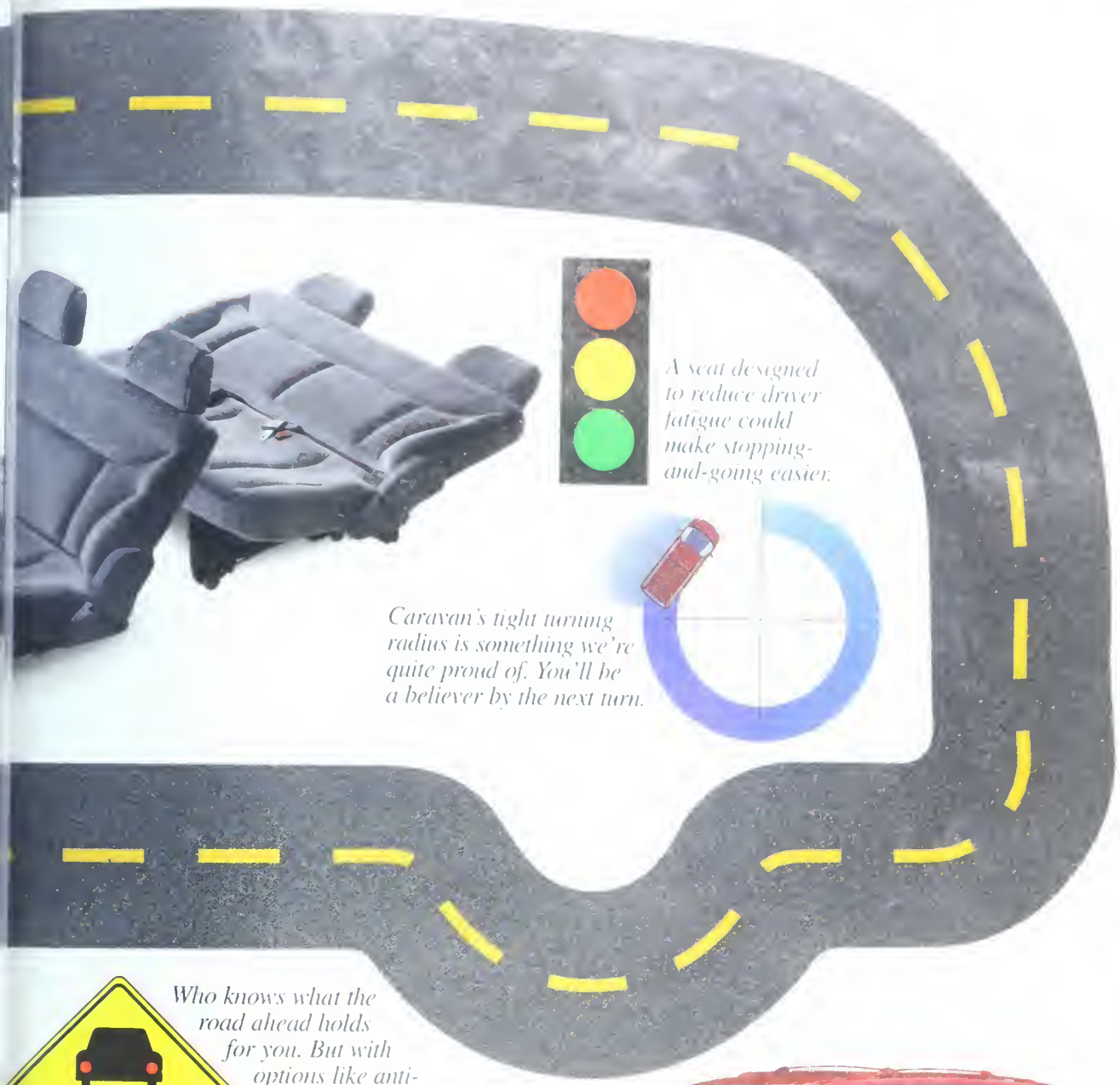


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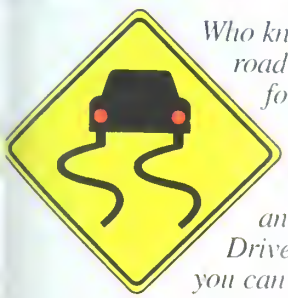
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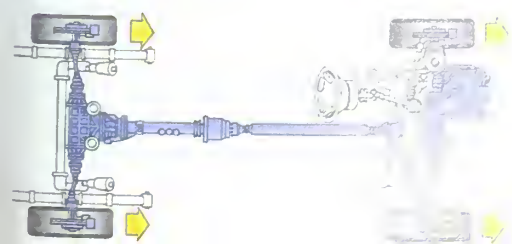
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Fabulous Paint Finishes

Plain wood furniture gets a vibrant new look with a little fancy brushwork

By Janet Bailey

When you think of faux finishing, is sponging all that comes to mind? Then you should know that there are many other ways to add character and instant age to walls, furniture and home accessories. We asked decorative painter Susan Goans Driggers, owner of Artistic Applications, in Atlanta, to describe some of the techniques used in this year's New American Home (see page 138). The best part: Several of them can be accomplished in a weekend or less.

Highlighting

For furniture with elaborate ornamentation, like the carved, slatted bench above, color brings out the fine details, says Driggers. Use artists' brushes of different sizes to apply contrasting colors over a base coat of paint or stain. "Beginners will get best results by diluting paint with a clear glaze," Driggers advises. "Glaze blends well, and it's forgiving—you can paint over the same spot without making a mess." Use masking tape to protect nearby areas; if paint bleeds beneath the tape, clean it off with a toothpick.

Trompe l'oeil

This technique, which means "fool the eye" in French, can be used to create a multitude of illusions—from swags and jabots (as on the console table, top right) to architectural features such as dentil molding. Trompe l'oeil works best on flat surfaces with few competing details, says Driggers. It's effective on walls and floors as well as on furniture. Some experienced artists work freehand; for the rest of us, stencils yield professional results.

Rubbed finish

Because its surfaces look worn, this armoire, bottom right, *(continued)*


he next best thing to Mom's chicken soup.
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Perfect.



Stain and paint combined



Crackle finish



Striating

To choose colors that harmonize, collect a variety of paint-store chips and lay them out in the room to be decorated

(continued) could be a discovery from Grandma's attic. To achieve this effect on unfinished furniture, says Driggers, rub canning wax (or a white wax candle) over protruding areas—upper and lower edges, doors, feet—before applying your base and top coats of paint. When dry, sand the waxed areas; the paint will come off easily.

Stained and painted surfaces

Natural wood stain makes a stronger statement when contrasted with a painted surface, as in the pine coffee table, top left, with a stained top and green base. To choose tones that harmonize well, Driggers suggests bringing chips home from the paint store and laying them out in the room you're decorating.

Crackle finish

The same technique that makes the wooden storage bench, top right, seem cracked with age works equally well on plaster or papier-mâché accessories such as columns and plant stands, says Driggers. One or two coats of a clear crackle medium is brushed either directly over the unfinished surface, or on top of a base coat of paint. Then, when a top coat of paint is applied, the crackle medium causes it to shrink and pull away. Use a bleached or faded color for an authentic weathered look, or contrasting colors (such as white paint over black) for a bolder effect. Tip: Because gloss and semigloss paints stretch instead of shrink, they won't crack properly; Driggers recommends matte, water-based paints for this and other decorative finishes.

Striating

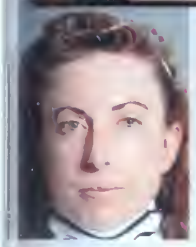
Subtle streaks in parallel lines give these Kirsch drapery rods, bottom left, an appealing patina. To striate, one or two coats of paint (here, a creamy taupe) are allowed to dry; then, a short, tapered brush is dipped into a contrasting shade that is diluted with a glaze (here, darker taupe) and stroked across the surface. Drapery rods should be sprayed with a clear matte sealer so the finish on the curtain rings will not chip off. ●

All furniture except bench, Habersham Plantation; bench, Mastercraft, a division of S.J. Bailey & Sons, Inc.; paint for bench, Plaid Enterprises; wallpaper, York Wallcoverings; drapery hardware, Kirsch, available at JCPenney.

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My Husband's Vasectomy



With five kids, it was time to call it quits. But that didn't make the decision any easier

By Holly Robinson

Passing through the living room with an armload of laundry, I overhear my husband's phone conversation with his younger brother.

"Well, it's over with," he says in a perfect Mickey Mouse falsetto.

Dressed in a tattered nightshirt and slippers, Dan has a bag of frozen peas between his legs and a margarita, nachos and a bottle of ibuprofen neatly arranged on the table beside him. He looks more like someone nursing a cruise-ship hangover than a man recovering from below-the-belt surgery.

What's "over with" as of this morning is Dan's vasectomy, or "The Big V," as he calls it: a twenty-minute-long elective surgery that has served as the subject of emotional debate between us for months. Its aftermath is both mourning and relief, in equal parts.

We were married two years ago to the day, a second marriage for both of us that brought together four children, now seven, eight, ten and eleven, and ten months ago produced a baby of our own. Using a decision-making algorithm only a man could understand, Dan scheduled his vasectomy for our wedding anniversary.

But I forgive him his timing. Having made the decision, Dan wanted the surgery over as quickly as possible. Not that anyone could accuse us of being rash. Hardly. We examined and reexamined our choice from every possible angle, weighing the pros and cons at every chance moment. We discussed the subject in terse whispers in the car while the boys played handheld video games, the girls acted out elaborate theater scripts with their dolls and the baby fussed. (You would think that trips like that would make the decision for us, but no.) We talked about it over drinks on the porch, between sibling squabbles at the playground and, one Sunday morning, while Dan flipped pancakes on the griddle and I doled them out to our four hungry kids with the baby hanging over my shoulder.

At the heart of all of those conversations, of course, was the underlying question of whether we wanted more children. We had stopped using birth control when we got married in order to have a baby of our own. Once I became pregnant, it was logical to ask, "Is this the last one?"

After the baby was born, of course, the tenor of these conversations changed, as we wondered whether it was appropriate to make the decision while suffering from what we dubbed PPSS (postpartum stress syndrome). Maybe we would go ahead with the vasectomy simply because we were too tired not to, and would later regret it.

On the other hand, if Dan didn't have the surgery, we could end up spending our life savings on a small bus, since the baby now occupies the last empty *(continued)*



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Since drowsiness, disorientation and confusion may occur with the use of [illegible] should be warned of the possibility and cautioned against engaging in activities that require mental alertness, such as operating dangerous machinery.

[illegible] allergic idiosyncratic reactions may occur with ordinary doses of scopolamine.

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General: Scopolamine should be used with caution in patients with pyloric obstruction or urinary bladder neck obstruction. Caution should be exercised when administering an antiemetic or antimuscarinic drug to patients suspected of having intestinal obstruction.

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Information for Patients: Since scopolamine can cause temporary dilation of the pupils and blurred vision if it comes in contact with the eyes, patients should be strongly advised to wash their hands thoroughly with soap and water immediately after handling the patch. In addition, it is important that used patches be disposed of properly to avoid contact with children or pets.

Patients should be advised to remove the patch immediately and contact a physician in the unlikely event that they experience symptoms of acute narrow-angle glaucoma (pain in and reddening of the eyes accompanied by dilated pupils). Patients should also be instructed to remove the patch if they develop any difficulties in urinating.

Patients should be warned against driving a motor vehicle or operating dangerous machinery while wearing the patch. Patients who engage in these activities should also be aware of the possibility of withdrawal symptoms when the patch is removed. Patients who expect to participate in underwater sports should be cautioned regarding the potentially disorienting effects of scopolamine. A patient brochure is available.

Drug Interactions: Scopolamine should be used with care in patients taking drugs including alcohol capable of causing CNS effects. Special attention should be given to drugs having anticholinergic properties, e.g., belladonna alkaloids, antihistamines (including meclizine), and antidepressants.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No long-term studies in animals have been performed to evaluate carcinogenic potential. Fertility studies were performed in female rats and revealed no evidence of impaired fertility or harm to the fetus due to scopolamine hydrobromide administered by daily subcutaneous injection. In the highest-dose group (plasma level approximately 500 times the level achieved in humans using a transdermal system), reduced maternal body weights were observed.

Pregnancy Category C: Teratogenic studies were performed in pregnant rats and rabbits with scopolamine hydrobromide administered by daily intravenous injection. No adverse effects were recorded in the rats. In the rabbits, the highest dose (plasma level approximately 100 times the level achieved in humans using a transdermal system) of drug administered had a marginal embryotoxic effect. Transderm Scop should be used during pregnancy only if the anticipated benefit justifies the potential risk to the fetus.

Nursing Mothers: It is not known whether scopolamine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Transderm Scop is administered to a nursing woman.

Pediatric Use: Children are particularly susceptible to the side effects of belladonna alkaloids. Transderm Scop should not be used in children because it is not known whether this system will release an amount of scopolamine that could produce serious adverse effects in children.

ADVERSE REACTIONS: The most frequent adverse reaction to Transderm Scop is dryness of the mouth. This occurs in about two thirds of the people. A less frequent adverse reaction is drowsiness, which occurs in less than one sixth of the people. Transient impairment of eye accommodation, including blurred vision and dilation of the pupils, is also observed.

The following adverse reactions have also been reported on infrequent occasions during the use of Transderm Scop: disorientation, memory disturbances, dizziness, restlessness, hallucinations, confusion, difficulty urinating, rashes and erythema, acute narrow-angle glaucoma, and dry, itchy, or red eyes.

Drug Withdrawal. Symptoms including dizziness, nausea, vomiting, headache, and disturbances of [illegible] have been reported in a few patients following discontinuation of the use of Transderm Scop system. These symptoms have occurred most often in patients who have used the system for more than three days.

OVERDOSAGE: Overdosage with [illegible] may cause disorientation, memory disturbances, dizziness, restlessness, hallucinations, confusion, psychosis, convulsions, bronchospasm and respiratory depression, and muscular weakness. Should these symptoms occur, Transderm Scop patch should be removed immediately, adequate hydration [illegible] be maintained, and appropriate symptomatic treatment initiated.

CAUTION: Federal law prohibits dispensing without prescription.

Distributed by
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MY HUSBAND'S VASECTOMY
Continued

seat in our minivan.

The literature from the doctor's office was no help. One brochure listed a series of facts in tabloid-size headlines. Prominent among them was this disappointing disclaimer: *"A vasectomy does not affect your ability to have sex."*

Now that was a downer: What married couples with children desire above all is something, anything, that changes their ability to have sex, since most of us can't manage to find the time for it. Those who market vasectomies could at least point out that having one saves you from hunting around in the top drawer of the nightstand for the diaphragm or spending precious moments desperately trying to squeeze your money's worth out of that empty $11.99 tube of spermicide.

Listed almost directly under Fact #1 on the brochure was Fact #2, also designed to shatter illusions: *"A vasectomy will not solve marital problems."* In other words, if the two of you can't agree on new living-room furniture before the surgery, don't imagine that your lifelong differences about money and color schemes will simply disappear afterward.

On the back of this brochure was a colorful illustration of a family on a camping trip—the kids in one tent, the parents in another—with a caption about "newfound freedom and spontaneity." This touching portrait of Life After Vasectomy led Dan to imagine the conversations of the happy campers: "Boy, did you hear Mom and Dad last night? I thought those tent pegs were going to pop right out of the ground!"

Next, Dan turned to his friends for their opinions. Men are unlike women in this respect: While we are inclined to share the intimate details of our lives—love affairs, menstrual woes, childbirth—men hoard their personal experiences like squirrels with nuts. Dan suggests that they avoid making themselves vulnerable to one another as a way of maintaining hierarchy.

If that's true, then announcing a vasectomy would not be a man's instinctive route to the top of the food chain. Dan did, however, round up one friend who was willing to betray his gender and talk about the experience.

"It hurt like a bastard," this man admitted, right after confessing that he enjoys sex less than before. "It was the worst thing I've ever done. I'm old before my time."

Dan followed up this call by phoning his younger brother, who squeamishly admitted that he could barely bring himself to get his own fixed, never mind himself.

"It's not quite the same thing," Dan reminded him. "I'm not getting myself castrated."

Nothing in the literature, and nothing anyone said, addressed the true emotional knockout punch of a vasectomy: If Dan had one, he would never feel the sweet warmth of another newborn against our necks. It meant that every time our two-month-old passed through a phase or mastered a new skill, it would be our last time to witness that particular triumph.

But Dan went ahead *(continued)*

LHJ BOOK BAG



The American Medical Association Family Medical Guide is a thorough reference guide for symptoms. The third edition of this handy household guide includes over five hundred photographs, a color-coded first-aid section, and an all-new section on staying healthy. By arrangement with Random House, the 656-page hardcover sells for $44.95, which includes shipping, handling and applicable sales tax.

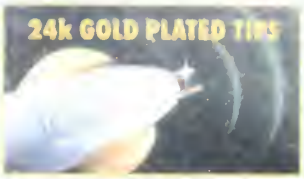
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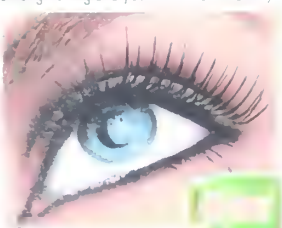
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and made the appointment anyway, because we are rational people. As it is, we will already spend hundreds of thousands of dollars on college educations for five children, never mind all the bicycles and sneakers and clothes and toys we'll buy before then.

What's more, there simply is no good method of birth control for people over thirty-five. The Pill gets riskier, diaphragms make better Frisbees than love aids, and, for my husband, condoms are not in the game plan.



"Oh, don't worry about your husband's appointment," my obstetrician assured me at a checkup several months after the baby was born, when I fretted about the date. (Did I mention that he scheduled it for our wedding anniversary?) "Most men cancel their appointments at least three times before going through with it."

But Dan's urologist had a clever policy to discourage any chicken-hearted about-face: a $25 "setup" fee that he charged whether or not the appointment was kept.

I drove Dan to the doctor's office and paced the hall. Gray and shaken, Dan emerged only minutes later, as promised. It wasn't until we got home that I finally asked, "So how was it, really?"

He admitted he'd had to breathe into a paper bag to keep from hyperventilating. "It wasn't the most fun I've ever had in my life," was all he'd say.

Dan elaborated only slightly on this theme throughout the morning as friends called or dropped by to rubberneck the victim on the couch. "How's your bag of tricks?" one of them inquired.

"My beans hurt," Dan told him with a grin. Seconds later, though, I caught him frowning.

"What?" I asked.

"I feel like there should be some sort of ritual before this procedure," he said, then went off to make his margarita and nachos.

I knew what he meant. Before the vasectomy, I had been cheered on by my women friends to prepare the famous "It's your turn, Buddy" argument about the pain of childbirth versus the pain of vasectomy. No matter how much this procedure hurt, I could easily have one-upped Dan with tales of my labors and C-section, my vaginal births and scar tissue. I could even have mentioned that, on the day I came home from the hospital with our new son, I never once lounged on the couch with a margarita, watching two action movies back-to-back.

Nothing in the literature addressed the true **emotional knockout punch** of a vasectomy: If Dan had one, we would never feel the sweet warmth of another newborn against our necks

Yet I know that none of the comparisons would be apt: Childbirth marks the beginning of something, and is heralded by phone calls and baby showers, visitors and baptisms; a vasectomy is an ending that even greeting-card companies ignore.

Never mind our "newfound freedom and spontaneity." We'll find it blissful, of that I have not the slightest doubt. But making this decision means that we're on the other side now. These are the final diaper days, the last tiny sleepers we'll ever snap snugly over a small squirming person who is just waking up to the world. We are perched at the crest of adulthood's last hill, about to begin the slippery slide toward parenting teenagers, paying for college, retiring from our jobs and, if we're lucky, eventually doting on our children's children.

I set the laundry down and join Dan on the couch. He tenderly wraps his arm around me as a car explodes in a huge fireball on the TV screen.

"Let's concentrate on how we're two years closer to lengthy, hedonistic vacations in Europe and the Caribbean," he says.

"Palm trees," I say. "Not to mention eating our way through Tuscany."

Dan pulls me closer. "Want to join me with a margarita?"

"Is this a vasectomy ritual?" I ask.

"It's our anniversary," he reminds me.

And then we hold each other, because there's nothing more to say. •

Holly Robinson, a contributing editor to Ladies' Home Journal, writes about relationships and parenting.

One in a series of informative health briefings from America's Wellness Doctor, television's medical expert for nearly twenty years.

Dr. Art Ulene on Multi-Vitamins and The Nutrition Gap.



For decades we've been told that the Standard American Diet would meet all of our body's needs for vitamins and essential minerals. Don't count on it. Recent research by the U.S. Department of Agriculture has revealed a big nutrition gap between the government's recommended vitamin levels and the amount Americans are actually getting from food.

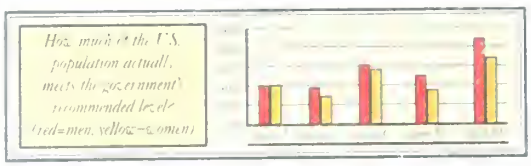
Vitamins and minerals are essential for the normal function of every organ and system in the body.

The USDA study shows most Americans fail to meet their needs for vitamins A, B6, C, E, thiamin, riboflavin and folic acid. Other studies show we're also falling short on our intake levels for several critical minerals, including calcium, iron, zinc, magnesium, chromium and selenium.



These findings are quite troubling, because adequate amounts of vitamins and minerals are absolutely essential for cardiovascular and neuromuscular health, and for the normal function of every organ and system in the body. That's why I recommend vitamin and mineral supplements for all adults – not to compensate for a poor diet, but to complement a good one.

But many people are confused about which vitamins they need – or just how much to take. To eliminate the guesswork, I developed the Nutrition Boost Formula two daily tablets that can help you bridge your nutrition gap. The amount of every vitamin and mineral is set at a scientifically meaningful level, taking dietary consumption into consideration. Nutrients that interact with each other are balanced in the correct proportion.



I invite you to discuss this information with your doctor, and to try Nutrition Boost Formula for 30 days. Fill your nutrition gap and feel the difference it makes.



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Paula Perlini's SOLUTION

Q The light in my kitchen is a bit dim, but I don't like the fluorescent glare of under-cabinet lighting. How can I brighten up my work space?

A "A small, attractive countertop lamp is sure to get your kitchen glowing," suggests Paula Perlini, a New York interior designer whose clients include former Vice-President Dan Quayle and his wife, Marilyn. "And with so many styles available, it's easy to find one that complements your decor and color scheme. Choose one that's only ten to twelve inches high and somewhat small in diameter, so it will fit nicely under your cabinets. If you can't place the lamp near an outlet, hide the electrical cord behind a row of cookbooks or canisters."

PLANTS YOU CAN'T KILL

Are the only plants that survive in your house made of silk? Perhaps you're trying to grow varieties that are too finicky. Some of the prettiest plants—like peace lily, devil's ivy, spider plant and snake plant—are also the hardiest. Sold at florists and home centers, they are relatively inexpensive ($4 to $20). Select healthy ones—no yellow leaves, wilting or scraggly stems—then watch them thrive, with just a little help:

- These plants will tolerate most light levels, but avoid letting them bake near a hot, sunny window.
- Watering roughly once a week is enough, but don't drown them: Overwatering is a common reason plants die.
- Though they'll live without extra food, these plants could use a little time-release general-purpose fertilizer twice a year.

—Arricca Elin SanSone

IT'S A FACT: Baby, it's cold outside, but still be sure to get some fresh air. Poor ventilation and toxins from household items can make the air quality inside two to five times worse than that outdoors, says the Environmental Protection Agency.

WEEKEND PROJECT

PRETTY AS A PICTURE

Looking for a way to put some sparkle on your walls? Spray-painting plain (even ugly) frames in silver and gold is a quick, easy way to get yourself a snazzy set, says home designer Christine Dimmick, author of *Home File* (Andrews McMeel Publishing, 1998). Round up all those mismatched frames you've acquired over the years as birthday presents and hostess gifts, or buy a bunch of inexpensive ones. Remove the glass, and spread the frames on a large piece of cardboard in a well-ventilated area. Follow the directions on the paint can, and don't forget to spray the sides of the frames. Finally, let the paint dry thoroughly before inserting your photographs.





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"My Daughter And I Have CANCER"

One has breast cancer, the other, leukemia. Together, Deborah Cook and her eleven-year-old daughter are fighting for their lives

By Kathryn Casey



Today, Edlyn and Deborah are in recovery, after months of chemotherapy left them battling nausea, fatigue and hair loss



"Have you called yet?" Edlyn asks her mother, as a nurse walks into the room with a tray of four hypodermic needles. Casually, the eleven-year-old raises her T-shirt so that the nurse can insert the first injection into a catheter in her chest.

"Yup," replies Deborah Cook, with a sly smile. "Kung Pao chicken and sweet-and-sour soup."

"That's not what I asked for," Edlyn whines.

"I know," says Deborah. "I really ordered General Tso's chicken and hot-and-sour soup."

"Oh, Mom, you did remember," Edlyn crows.

It's a Tuesday afternoon at Edlyn's weekly chemotherapy session. Deborah, forty-four, a nurse, is anxious, but tries not to show it. The previous week's therapy left her daughter suffering such fatigue and joint pain that she couldn't walk. David, Deborah's husband and Edlyn's stepfather, had to carry her to bed. At the same time, prednisone, a steroid that helps the chemo work, has given her such an appetite that, despite her nausea, she can't wait to eat takeout Chinese food. At the chemo center, Edlyn's appetite for spicy food has earned her the nickname "Hot Wings."

"It's hard to understand all she's going through unless you've been there," says Deborah softly.

Deborah Cook *has* been there. In the past two years, she has faced two diagnoses of breast cancer. In fact, it was just days after her second mastectomy that doctors discovered that Edlyn had leukemia. Together, mother and daughter have braved chemotherapy, lost their hair and suffered the horrors and triumphs of battling cancer.

"My cancer lost its importance when Edlyn was diagnosed," says Deborah. "It was more painful than anything I had endured."

A Dreaded Diagnosis

On the refrigerator in the family's home in Ashburn, Virginia, hangs a sketch of a frog. Although its head and body are half devoured by a stork, the frog's hand is clenched about the bird's throat. *Don't Ever Give Up*, the caption reads.

"We live by those words," says Deborah.

For this family, that's no easy feat. In 1995—just one year after she married David—Deborah discovered she had breast cancer.

One of the hardest things was breaking the news to her children—Edlyn, then eight, and son Graham, then nine. "Are you going to die?" Graham asked, frightened.

"I don't know," Deborah admitted. "But I promise you that I'll do everything I can to live."

About a month after the diagnosis, Deborah had a mastectomy and reconstructive surgery. Fortunately, tests showed that the cancer had not spread to her lymph nodes, and she would not need chemotherapy. Her physicians gave her a 15 percent chance of getting cancer in her other breast. *(continued)*

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That meant I had an eighty-five percent chance of being cured," she says. "Good odds."

Slowly, life began to return to normal. Deborah, a former cross-country runner, exercised to regain her health. David switched careers from attorney to real-estate agent. The couple bought a new house.

Then in July 1997—just eighteen months after her mastectomy—Deborah felt a small lump in her right breast. She caught her breath. Was she imagining it? No, it was definitely there.

A new biopsy diagnosed a more aggressive type of cancer. Her physician recommended a second mastectomy followed by radiation and chemotherapy.

I'm doomed, Deborah thought. But she told him, "Take whatever you need. Give me my life."

When she told David and the children, they were stunned. "I'm scared," Edlyn said.

"Me, too," Deborah whispered.

On August 28, Deborah had her second mastectomy. She returned home four days later, tired and sore from the operation and breast reconstruction.

That Friday afternoon, Edlyn came upstairs when she arrived home from school. By the time she reached Deborah, her heart was racing. She was gripping her chest, and her face was shockingly pale. Trying not to panic, Deborah checked her daughter's pulse: 186 beats per minute, almost twice a normal rate.

"From the symptoms, I knew Edlyn had anemia. And as a nurse, I knew the types of things that give a healthy ten-year-old anemia," Deborah says, her voice quivering. "None of them are good."

"This Can't Be Happening"

"I didn't feel that sick," recalls Edlyn. "*Serious* is like you're dying, and I didn't feel that way, so I wasn't worried. It was Mom who said we needed to go to the doctor."

At Inova Emergency Care Cent of Reston, where Deborah ha worked for three years, one of t doctors did blood work on h daughter. Early the next morning, called to say he wanted to repeat t tests because Edlyn's blood showe abnormal cells. Deborah voiced h deepest nightmare. "Are you thinki leukemia?" she asked.

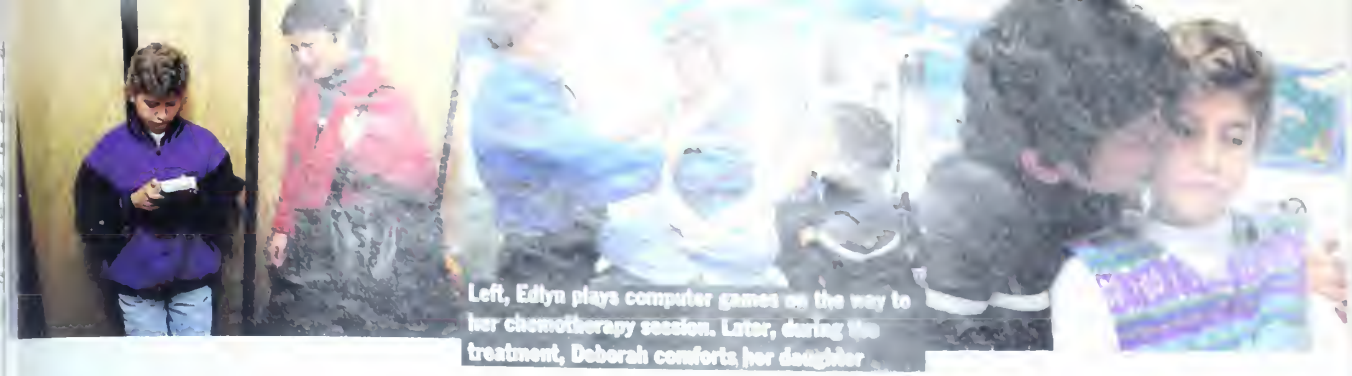
"We need to rule it out," he said.

Later, the doctor told her sadl "Edlyn's blood work is unchanged."

The severity of her daughter condition didn't hit Deborah unt she saw the words "Pediatric Onco ogy" on the door of the unit Inova Fairfax Hospital, where Edly was taken by ambulance. "It ju put a knife in my chest," Debora recalls. "I started thinking, We'v had enough. This can't be happen ing to my little girl."

After more tests, the oncologis told them that Edlyn was sufferin from acute lymphocytic leukemi (ALL), the most common of child hood cancers.





Left, Edlyn plays computer games on the way to her chemotherapy session. Later, during the treatment, Deborah comforts her daughter

"David literally crumbled before me," says Deborah. "He kept asking, 'Why? I can't believe this. Why?'"

"My cancer came in stages—the discoveries, the biopsies, the diagnoses—over a period of weeks," says Deborah. "With Edlyn we had no time to prepare."

However, the oncologists insisted there was much to be grateful for. Children with ALL have an 80 percent survival rate. One mark against Edlyn was her age. For children over the age of one, the younger the child is when the disease strikes, the higher the cure rate. Edlyn, who was ten at the time, was considered relatively old to get an ALL pattern. She would need three years of chemotherapy to fight the leukemia.

Edlyn looked sad and confused. "I'm sorry you have to go through this," Deborah said, fighting tears. "But it's going to be okay, because we're going to do it together. Chemotherapy together, our hair is going to fall out together, and we'll get well together."

"Oh, Mom, you need chemotherapy, too," Edlyn cried. "I'm sorry."

"We're going to get through this," Deborah whispered, holding Edlyn. "It's going to be rough for a while, but we're both going to make it."

Looking Back

All around her in the pediatric oncology unit, Deborah saw children with their bodies bloated, their hair gone. She agonized over the powerful chemotherapy drugs that the doctors would pump into Edlyn. The possible side effects included damage to her heart, lungs, kidneys and liver. Yet they had no choice; without the drugs Edlyn would die.

At home one night, Deborah explained Edlyn's illness to Graham. Burying his head in his hands, he sat on his mother's lap and cried.

The entire family was having a difficult time. *(continued on page 92)*

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Only your doctor can tell if DETROL is right for you.

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ASK YOUR DOCTOR

You should not use DETROL if you have certain types of stomach, urinary, or glaucoma problems. DETROL is generally well tolerated. The most common side effect is dry mouth (39.5% vs 15.9% for sugar pill). But less than 1% of patients discontinued therapy for this reason. Other common side effects may include constipation, dry eyes, headache, and indigestion. Ask your doctor if DETROL is right for you, or call 1-800-628-0603 for more information.

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❑	❑	I frequently have a strong, sudden urge to urinate.
❑	❑	I often go to the bathroom more than 8 times in a 24-hour period.
❑	❑	I frequently get up twice or more at night to go to the bathroom.
❑	❑	I go to the bathroom so frequently that it interrupts my life.
❑	❑	I'm not always able to hold on until I reach a bathroom.

If you experience some of these symptoms, bring this to your doctor. This will help your doctor diagnose your condition and determine what treatment is right for you.

ASK YOUR DOCTOR ABOUT *Detrol*

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Tablets

[illegible]

DETROL Tablets used for?

[illegible] ets are used to treat a condition called overactive [illegible] ents with overactive bladder have these symptoms [illegible] cy, a strong and sudden desire to urinate), frequent [illegible] and night, or urge incontinence (accidental loss of [illegible] ity, a sudden and unstoppable urge to urinate).

What is an overactive bladder?

An overactive bladder is a term for involuntary contractions of [illegible] bladder muscle (detrusor).

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DETROL should not be used by patients with

- [illegible] ability to empty the bladder)
- [illegible] delayed emptying of the stomach)
- [illegible] narrow-angle glaucoma
- a history of any unusual or allergic reaction to DETROL

What are the precautions associated with use of DETROL?

DETROL should be used with caution by patients with any of the following conditions: significant bladder outflow blockage (slow urinary stream), because of the risk of urinary retention; gastrointestinal blockage disorders, such as pyloric stenosis (a narrowing of the opening where the stomach empties into the small intestine), because of the risk of gastric retention; narrow-angle glaucoma that is being treated; and kidney disease. Patients with liver disease should not receive doses of DETROL greater than 1 mg twice daily. Medicines like DETROL may cause blurred vision. See also, "**Can I take DETROL while taking other medicines?**" (below). It is not known whether taking DETROL will affect the results of laboratory tests you may undergo for other reasons. In special studies conducted in animals and/or test tubes, the active ingredient in DETROL did not cause an increase in tumors, genetic changes, or changes in fertility.

Can I take DETROL if I am pregnant or nursing?

DETROL has not been studied in pregnant women. Therefore, DETROL should be used during pregnancy only if the potential benefit for the mother justifies the potential risk for the unborn baby. It is not known whether the active ingredient in DETROL passes into human milk. Therefore, mothers who breast-feed should stop taking DETROL until they are no longer nursing.

Can DETROL be used by children?

DETROL has not been studied in children.

Can DETROL be used by elderly patients?

Studies of DETROL included patients up to 91 years of age, nearly half were 65 to 91 years of age. Generally, no overall differences were seen in safety between older and younger patients; therefore, no dosage adjustment is required based on age.

Can I take DETROL while taking other medicines?

As with all prescription medicines, before you take DETROL, it is important for your health care professional to know if you are taking any other medicines. Be sure to mention those that you can buy without a prescription, especially cough/cold medicines, which may also affect urination. Patients taking certain medicines (like erythromycin, Biaxin® [clarithromycin], Sporanox® [itraconazole], Nizoral® [ketoconazole], and miconazole) should not receive doses of DETROL greater than 1 mg twice daily.

What are the most common side effects of DETROL?

Dry mouth was the most common side effect during 12 weeks of treatment with DETROL (reported by 39.5% of those taking 2 mg twice daily compared with 15.9% of those taking a placebo [sugar pill]). Other side effects related to DETROL were indigestion (dyspepsia), headache, constipation, and dry eyes. Eight percent of patients treated with DETROL 2 mg twice daily stopped treatment because of side effects. Dizziness and headache were the most common reasons for stopping treatment with DETROL. DETROL may also cause blurring of near vision, slowing of urinary stream, or inability to urinate. The following events were reported by patients taking DETROL but were not considered treatment-related—back pain, chest pain, fatigue, flu like symptoms, falls, paresthesia (abnormal sensation), vertigo/dizziness, abdominal pain, diarrhea; flatulence (gas), nausea, vomiting, bronchitis, coughing, pharyngitis, rhinitis (runny nose), sinusitis, upper respiratory tract infection; dysuria (painful urination), frequent urination, urinary retention (inability to urinate) or urination disorder, urinary tract infection; pruritus (itching), rash/erythema (redness); dry skin; arthralgia (painful joints), abnormal vision; nervousness, somnolence (sleepiness), weight gain, hypertension (high blood pressure), and infection, including fungal infection. If you are bothered by side effects, check with your doctor.

How should I take DETROL?

The recommended starting dose of DETROL is 2 mg twice daily for most patients. The dose may be lowered to 1 mg twice daily, if needed. Patients with liver disease and those taking certain medicines (like erythromycin, Biaxin, Sporanox, Nizoral, and miconazole) should not take more than 1 mg twice daily.

℞ only.

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FIGHTING CANCER

Continued from page 89

grappling with this new tragedy. "It's incredible that the two of us would get cancer at the same time," says Deborah. "When I asked the doctors if there could be any link between our two cancers, they said no. Finally, I stopped wondering why and concentrated on what we needed to do to get better."

Deborah came to a decision: Whatever her condition, it had to take second place—her daughter needed her. "I think for Edlyn and for me, the hardest thing was fear of the unknown," says Deborah. "When she was diagnosed, I had to learn all I could about leukemia. I told my doctors, 'I'll take my medications and my treatments, but I have to manage my daughter's care.'"

Within twenty-four hours of the diagnosis, Edlyn's therapy kicked into full assault. A central line catheter was inserted into her heart, and doctors began an initial round of chemotherapy.

Around that same time, Deborah's oncologist offered her two choices for her own chemotherapy treatment. One option involved stronger drugs, including one that could weaken her heart, but promised fewer side effects and a shorter regimen. Deborah took it. She needed her strength to care for her daughter.

After two weeks in the hospital, Edlyn returned home, hooked up to a backpack containing a chemo-pump. In addition, Deborah had to give her pills and injections regularly. One shot was so excruciating for Edlyn that Deborah cried each time she pierced her daughter's skin with the needle.

Meanwhile, her own regimen of chemotherapy left her tired and drawn. Together, mother and daughter traveled forty minutes each way, sometimes twice a day, for treatments. In the car, they carried two pails for the nausea that would strike as they drove.

Although they'd lived in Ashburn for only a year, word of their p[illegible] soon spread through the neigh[illegible] hood. Home-cooked dinners b[illegible] to arrive at their house. L[illegible] churches prayed for them, and d[illegible] tions appeared in their mailbox.



"We've been very blessed," says Deborah, as the family plays with their dog Samson

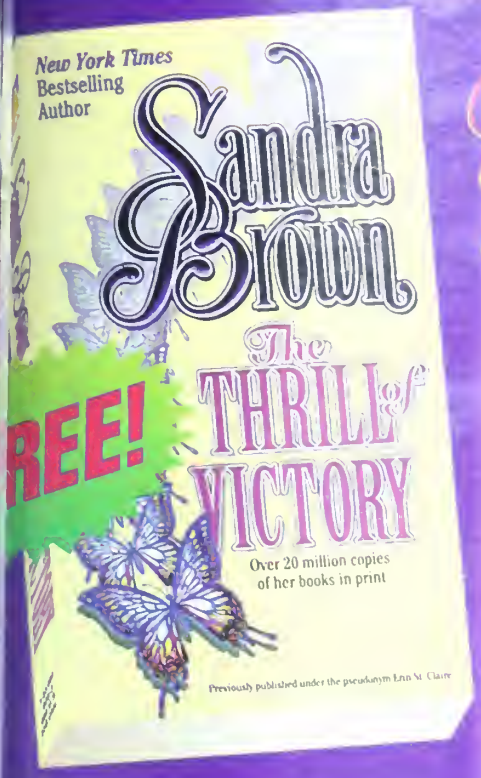
David had a difficult time acc[illegible] ing the money. "I had to swallow[illegible] pride," he says. "The truth is, [illegible] needed the help." Although the [illegible] ple had savings, Deborah, who [illegible] been out of work for weeks, ha[illegible] short-term disability coverage. [illegible] loss of her $40,000 salary was a s[illegible] ous financial strain. Eventua[illegible] David took a second job at night [illegible] security officer at a nearby resor[illegible] help pay the bills.

A month after Edlyn's diagno[illegible] the family got their first good n[illegible] Edlyn's cancer was in remission.

But Deborah knew that she [illegible] Edlyn still faced a long road to [illegible] covery. She began seven weeks of [illegible] diation treatments, five times a we[illegible] and Edlyn continued chemothera[illegible] to keep the cancer from returni[illegible] At one point, the eleven-year-old [illegible] veloped hepatitis from the dru[illegible] And before long, mother and dau[illegible] ter each found big tufts of hair [illegible] their pillows.

Determined to make light of [illegible] situation, Deborah got out the sciss[illegible] and a razor *(continued on page 1[illegible]*

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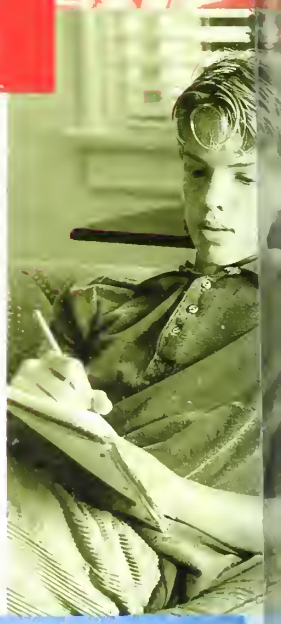
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TODAY'S TEENS

New Problems, New Solutions

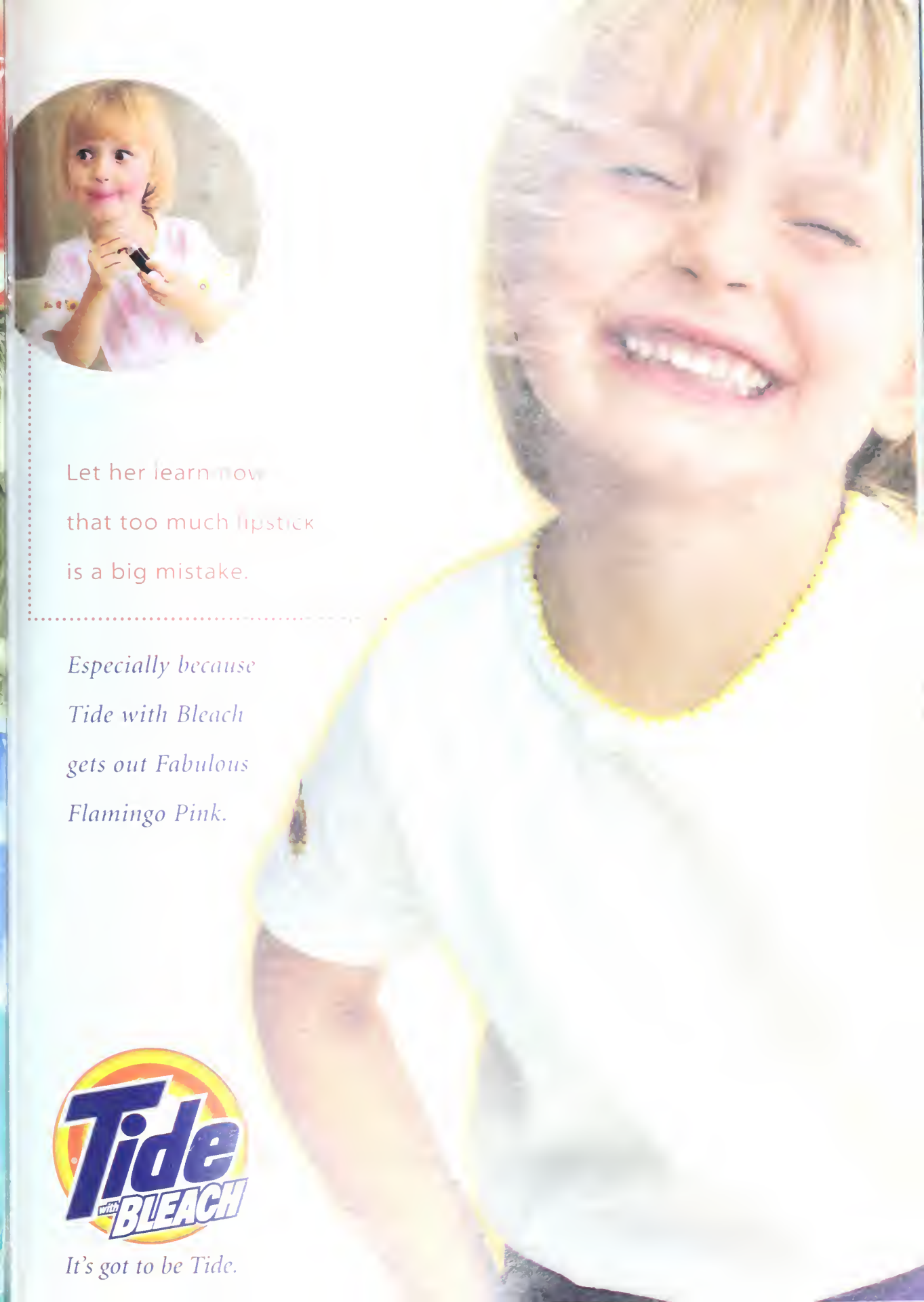


In theory, today's parents—younger in spirit, hipper, more psychologically attuned than our own parents ever were—should be wonderfully equipped to steer our children through the perilous waters of adolescence.

But a funny thing happened on the way to maturity: The ante on adolescence got upped almost beyond the recognition of those of us who were raised a generation ago. Not only are today's kids reaching puberty at ever-younger ages, they are doing it in record numbers: According to the U.S. Census Bureau, there are currently 27.1 million Americans between the ages of thirteen and nineteen; by 2010, those ranks are expected to swell to an all-time high of 30 million. All this is occurring in a high-stress world rife with violence, around-the-clock media hype, sexually transmitted diseases, eating disorders and rampant drug and alcohol abuse. Small wonder that today's parents crave guidance. Fortunately, that's what this special section provides. Whether it's figuring out how to crash-proof your teen when she gets behind the wheel, or whether you really *should* spy on your kids, we've got the answers.







Let her learn now
that too much lipstick
is a big mistake.

Especially because
Tide with Bleach
gets out Fabulous
Flamingo Pink.

Tide with BLEACH

It's got to be Tide.



Should You SPY On Your Teen?

Is it ever okay to sneak a peek at your daughter's diary or go through your son's closet? By Leslie Lampert

This week I gave myself an F in parenting: I read a page of my fifteen-year-old daughter's diary. My intentions were innocent enough—I was putting her shoes back in her room when the open notebook on her desk beckoned me. There it was, a window into her private life, where I had once been welcome—back when the word mom was a sweet, single syllable, instead of today's two-part mo-om that resonates with irritation.

I was not alarmed by what I read. I already knew about her deep feelings for her boyfriend (so maybe I didn't know they were *that* deep); I also knew how angry she was at me over the previous evening's argument (I hope she doesn't *really* hate me). But the lovely way she put pen to paper reminded me of when I kept my own journal as a teen—one part reality to two parts fantasy.

I didn't read on (knowing when to stop is the trickiest part of being a snoop). So why did I look at all? Not because I don't trust her, but because I feel I've lost the little girl who needed to share everything. She's editing what she reveals of her life, keeping me at a distance.

An Issue of Privacy?

When our children begin to back away from us, it's tempting to look for clues that keep us connected to their lives. And for many parents, there are even more urgent reasons to play undercover agent. Sex, drugs, drinking and smoking have invaded even the middle schools of America, and there's no denying the allure of MTV-cool—where music videos promote bad-boy behavior and X-rated clothes. And TV shows such as *Dawson's Creek*—the popular program about teens—deal with issues that make *Peyton Place* look like kindergarten.

But do parents have a right to know everything, by any means, or by spying are we encouraging deceit? Does trust beget trustworthy behavior, or is a trusting parent a foolish parent?

The Case for Spying

Diane Tomasulo, forty-three, a cosmetologist and single mother of Dea, fourteen, and Jay, nineteen, in Yorktown, New York, says her brand of parenting is a blend of open communication, awareness and mild spying. "I don't like the idea of being sneaky with my kids, but I do have my radar on at all times."

Like last New Year's Eve, when Dea tried to pull a fast one on her: "I was working," says Diane, "and Dea called to tell me that she was going to another girl's house for a party that evening. I said, 'Fine, but I want to talk to the mother.' Then Dea called me back to say that she didn't have the mother's work number. Well, I had overheard her and a friend talking earlier about an unsupervised party, so Dea wound up spending New Year's Eve at the movies—with me."

Did Diane feel bad about listening in on Dea's private conversation? Not a bit. "I'm here to make them responsible adults, not to be their friend. That will come later."

Such scrutiny is legitimate, says David Elkind, Ph.D., professor of child development at Tufts University, in Medford, Massachusetts, and author of *All Grown Up and No Place to Go: Teenagers in Crisis* (Addison-Wesley, 1998). "I do not consider close observation spying, as long as you have set up clear rules," says Elkind. "Listening to your child's side of a phone conversation or smelling her clothes to see if she's been smoking are part of a parent's job," he explains. *(continued on page 101)*

Is it just forgetfulness...



Memory loss • Asking repeated questions • Trouble using words

When signs like these begin to affect everyday life, they may not be a part of normal aging. They may be signs of Alzheimer's disease, an incurable, progressive illness that robs patients and their families of a lifetime of memories.

Today, however, the outlook for many is becoming more hopeful. ARICEPT® is a clinically proven, once-a-day prescription medicine available to treat symptoms in patients with mild to moderate Alzheimer's disease. Already, over 400,000 patients in the United States have begun ARICEPT® therapy.

ARICEPT® is well tolerated, but some people do experience side effects like nausea, diarrhea, insomnia, vomiting, muscle cramps, fatigue, and loss of appetite. In clinical studies, these effects were generally mild, temporary, and went away with continued ARICEPT® use; 2% of people taking ARICEPT® experienced fainting.

Only a doctor can evaluate symptoms such as forgetfulness and diagnose Alzheimer's disease. Speak to a doctor *today* about the benefits of ARICEPT® in treating Alzheimer's disease.

ONCE-A-DAY
ARICEPT®
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5 MG AND 10 MG TABLETS

TODAY'S TREATMENT
FOR ALZHEIMER'S DISEASE

To learn more, call toll-free today.
1-888-999-9616 ext. 71

See additional important product information on accompanying page

People at risk for ulcers should inform their doctor.

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INDICATIONS AND USAGE ARICEPT is indicated

CONTRAINDICATIONS ARICEPT is

to piperidine derivatives

WARNINGS *Anesthesia.*

Cardiovascular Conditions

pharmacological action, cholinesterase

(eg, bradycardia)

for this action may be particularly

conduction conditions. Syncopal

ARICEPT

Gastrointestinal Conditions: Through their

secretion due to increased cholinergic

active or occult gastrointestinal bleeding,

with a history of ulcer disease or those receiving

clinical studies of ARICEPT have shown no increase relative

gastrointestinal bleeding. ARICEPT, as a predictable

produce diarrhea, nausea, and vomiting. These effects,

than with the 5 mg/day dose. In most cases these effects

weeks and have resolved during continued use of ARICEPT.

Genitourinary

trials of ARICEPT. No

mimetics may cause bladder outflow

Neurological Conditions

are believed to have some potential to cause

may be a manifestation of Alzheimer's Disease. ***Pulmonary***

Conditions:

should be prescribed with care to patients

PRECAUTIONS ***Drug-Drug Interactions. Drugs Highly***

Bound to Plasma Proteins:

have been performed *in vitro* between this highly bound drug

ARICEPT at concentrations of 0.3-10 µg/mL did not

mL and warfarin (3 µg/ml.) to human albumin. Similarly, the

was established by furosemide, digoxin and warfarin. ***Effect of ARICEPT® on***

the Metabolism of Other Drugs:

trials have investigated the effect of ARICEPT on the clearance of

CYP3A4 (eg, saquinavir, terfenadine) or by CYP2D6 (eg, imipramine). However, *in vitro* studies

these enzymes (mean K, about 50-130 µM) that given the therapeutic plasma

764 nM

the likelihood of interference. Whether ARICEPT has any potential for

Formal drug-drug studies evaluated the potential of ARICEPT for interaction with

warfarin and digoxin. No significant effects on the pharmacokinetics of these drugs were

Effect of Other Drugs on the Metabolism of ARICEPT: Ketoconazole and quinidine, inhibitors of

CYP3A4 and CYP2D6,

in vitro. Whether there is a clinical effect of these

CYP3A4 (eg, phenytoin, carbamazepine, dexamethasone, rifampin, and

ARICEPT. Formal pharmacokinetic studies demonstrated that the

ARICEPT

significantly affected by concomitant administration of digoxin or cimetidine. ***Use with***

Anticholinergics:

cholinesterase inhibitors have the potential to interfere with the

Use with Cholinomimetics and Other Cholinesterase Inhibitors:

are given concurrently with succinylcholine-similar

both effects. **Carcinogenesis, Mutagenesis,**

Impairment of Fertility

have not been completed. Donepezil was not mutagenic in

bacterial

aberrant cells in cultures of Chinese hamster lung (CHL)

was not clastogenic in the *in vivo* mouse micronucleus test

10 mg/kg/day (approximately 8 times the maximum recommended

Pregnancy *Pregnancy Category C*: Teratology studies conducted in pregnant rats at

and 1.4 times the maximum recommended human dose on a mg/m² basis) and in

Table 1. Comparison of Rates of Adverse Events in Patients Titrated to 10 mg/day Over 1 and 6 Weeks

	No titration		One-week titration	Six-week titration
Adverse Event	Placebo (n=355)	5 mg/day (n=311)	10 mg/day (n=315)	10 mg/day (n=269)
Nausea	6%	5%	19%	6%
Diarrhea	5%	8%	15%	9%
Insomnia	6%	6%	14%	6%
Fatigue	3%	4%	8%	3%
Vomiting	3%	3%	8%	5%
Muscle Cramps	2%	6%	8%	3%
Anorexia	2%	3%	7%	3%

10 mg/kg/day (approximately 16 times the maximum recommended human dose on a

letal potential of donepezil. However, one study in which pregnant

8 times the maximum recommended human dose on a mg/m² basis)

postpartum there was a slight increase in stillbirths and a slight decrease in pup

The next lower dose tested was 3 mg/kg/day. There are no adequate or well-

be used during pregnancy only if the potential benefit justifies the

Nursing Mothers It is not known whether donepezil is excreted in human breast milk

Pediatric Use There are no adequate and well-controlled trials in

many illness occurring in children. **ADVERSE REACTIONS Adverse**

Events Leading to Discontinuation In controlled clinical trials of ARICEPT due to

groups were comparable to those of placebo-treatment groups at

patients who received 7-day escalations from 5 mg/day to 10 mg/day, was

leading to discontinuation, defined as those occurring in at least 2%

placebo patient, were nausea (1% [5 mg] and 3% [10 mg] vs 1%

mg] vs 0% [placebo]) and vomiting (<1% [5 mg] and 2% [10 mg

Most Frequent Adverse Clinical Events Seen in Association with the Use of

ARICEPT defined as those occurring at a frequency of at least 5% in patients

generally predicted by ARICEPT's cholinomimetic effects. These include

fatigue, and anorexia. These adverse events were often of mild

ARICEPT treatment without the need for dose modification. There is

adverse events may be affected by the rate of titration. An open-

placebo in the 15- and 30-week studies. These patients were

The rates of common adverse events were lower than those seen in

controlled clinical trials and were comparable to those seen in patients

adverse events following one week and six week titration

Adverse Events Reported in Controlled Trials The events cited reflect experience gained under closely

population. In actual clinical practice or in other clinical

of use, reporting behavior, and the kinds of patients

symptoms that were reported in at least 2% of patients in

the rate of occurrence was greater for ARICEPT- assigned

occurred more frequently in female patients and with advancing

Table 2. Adverse Events Reported in Controlled Clinical Trials in at Least 2% of Patients Receiving ARICEPT® and at a Higher Frequency Than Placebo-treated Patients

Body System/Adverse Event	Placebo (n=355)	ARICEPT® (n=747)
Percent of Patients With Any Adverse Event	72	74
Body as a Whole		
Headache	9	10
Pain, Various Locations	8	9
Accident	6	7
Fatigue	3	5
Cardiovascular System		
Syncope	1	2
Digestive System		
Nausea	6	11
Diarrhea	5	10
Vomiting	3	5
Anorexia	2	4
Hemic and Lymphatic System		
Ecchymosis	3	4
Metabolic and Nutritional Systems		
Weight Decrease	1	3
Musculoskeletal System		
Muscle Cramps	2	6
Arthritis	1	2
Nervous System		
Insomnia	6	9
Dizziness	6	8
Depression	<1	3
Abnormal Dreams	0	3
Somnolence	<1	2
Urogenital System		
Frequent Urination	1	2

age. **Other Adverse Events Observed During Clinical Trials** ARICEPT® has been administered to

individuals during clinical trials worldwide. Approximately 1200 of these patients have been treated for at least

and more than 1000 patients have been treated for at least 6 months. Controlled and uncontrolled trials in the U.S.

included approximately 900 patients. In regards to the highest dose of 10 mg/day, this population includes 6

treated for 3 months, 475 patients treated for 6 months and 116 patients treated for over 1 year. The range

exposure is from 1 to 1214 days. Treatment emergent signs and symptoms that occurred during 3 controlled clinical

and two open-label trials in the United States were recorded as adverse events by the clinical investigators

terminology of their own choosing. To provide an overall estimate of the proportion of individuals having similar

events, the events were grouped into a smaller number of standardized categories using a modified COSTART

and event frequencies were calculated across all studies. These categories are used in the listing below. The

represent the proportion of 900 patients from these trials who experienced that event while receiving ARICEPT

adverse events occurring at least twice are included, except for those already listed in Tables 1 or 2, COSTART

general to be informative, or events less likely to be drug caused. Events are classified by body system and listed

following definitions: *frequent adverse events*—those occurring in at least 1/100 patients, *infrequent adverse*

those occurring in 1/100 to 1/1000 patients. These adverse events are not necessarily related to ARICEPT® treatment

in most cases were observed at a similar frequency in placebo-treated patients in the controlled studies. Non-

additional adverse events were seen in studies conducted outside the United States. **Body as a Whole**: *Frequent*

chest pain, toothache, *Infrequent* fever, edema face, periorbital edema, hernia hiatal, abscess, cellulitis, chills,

coldness, head fullness, listlessness. **Cardiovascular System**: *Frequent* hypertension, vasodilation, atrial

hot flashes, hypotension, *Infrequent* angina pectoris, postural hypotension, myocardial infarction, AV block (first

congestive heart failure, arteritis, bradycardia, peripheral vascular disease, supraventricular tachycardia,

thrombosis. **Digestive System**: *Frequent* fecal incontinence, gastrointestinal bleeding, bloating, epigastric

Infrequent eructation, gingivitis, increased appetite, flatulence, periodontal abscess, cholelithiasis, diverticulitis,

drooling, dry mouth, fever sore, gastritis, irritable colon, tongue edema, epigastric distress, gastroenteritis,

transaminases, hemorrhoids, ileus, increased thirst, jaundice, melena, polydypsia, duodenal ulcer, stomatitis.

Endocrine System: *Infrequent* diabetes mellitus, goiter. **Hemic and Lymphatic System**: *Infrequent*

thrombocythemia, thrombocytopenia, eosinophilia, erythrocytopenia. **Metabolic and Nutritional Disorders**:

Frequent dehydration, *Infrequent* gout, hypokalemia, increased creatine kinase, hyperglycemia, weight

increased lactate dehydrogenase. **Musculoskeletal System**: *Frequent* bone fracture, *Infrequent* muscle

muscle fasciculation. **Nervous System**: *Frequent* delusions, tremor, irritability, paresthesia, aggression, ver

increased libido, restlessness, abnormal crying, nervousness, aphasia, *Infrequent* cerebrovascular accident,

hemorrhage, transient ischemic attack, emotional lability, neuralgia, coldness (localized), muscle spasm, dysp

abnormality, hypertonia, hypokinesia, neurodermatitis, numbness (localized), paranoia, dysarthria, dysphasia

decreased libido, melancholia, emotional withdrawal, nystagmus, pacing. **Respiratory System**: *Frequent*

sore throat, bronchitis, *Infrequent* epistaxis, postnasal drip, pneumonia, hyperventilation, pulmonary

wheezing, hypoxia, pharyngitis, pleurisy, pulmonary collapse, sleep apnea, snoring. **Skin and Appendages**:

pruritus, diaphoresis, urticaria, *Infrequent* dermatitis, erythema, skin discoloration, hyperkeratosis, alopecia

dermatitis, herpes zoster, hirsutism, skin striae, night sweats, skin ulcer. **Special Senses**: *Frequent* cataract

irritation, vision blurred, *Infrequent* dry eyes, glaucoma, earache, tinnitus, blepharitis, decreased hearing

hemorrhage, otitis externa, otitis media, bad taste, conjunctival hemorrhage, ear buzzing, motion sickness, sp

eyes. **Urogenital System**: *Frequent* urinary incontinence, nocturia, *Infrequent* dysuria, hematuria, urinary

metrorrhagia, cystitis, enuresis, prostate hypertrophy, pyelonephritis, inability to empty bladder, breast fibro

fibrocystic breast, mastitis, pyuria, renal failure, vaginitis. **Postintroduction Reports** Voluntary reports

events temporally associated with ARICEPT that have been received since market introduction that are not listed

and that there is inadequate data to determine the causal relationship with the drug include the following: abdom

agitation, cholecystitis, confusion, convulsions, hallucinations, hemolytic anemia, pancreatitis,

OVERDOSAGE Because strategies for the management of overdose are continually evolving, it is advisable to contact a Poison Control Center to determine the latest recommendations for the management of an overdose of any drug. As in any case of overdose, general supportive measures should be utilized. Overdosage with cholinesterase inhibitors can result in cholinergic crisis characterized by severe nausea, vomiting, salivation, sweating, bradycardia, hypotension, respiratory depression, collapse and convulsions. Increased muscle weakness is a possibility and may result in death if respiratory muscles are involved. Tertiary anticholinergics such as atropine may be used as an antidote for ARICEPT overdosage. Intravenous atropine sulfate titrated to effect is recommended: an initial dose of 1.0 to 2.0 mg IV with subsequent doses based upon clinical response. Atypical responses in blood pressure and heart rate have been reported with other cholinomimetics when co-administered with quaternary anticholinergics such as glycopyrrolate. It is not known whether ARICEPT and/or its metabolites can be removed by dialysis (hemodialysis, peritoneal dialysis, or hemofiltration). Dose-related signs of toxicity in animals included decreased spontaneous movement, prone position, staggering gait, lacrimation, clonic convulsions, depressed respiration, salivation, miosis, tremors, fasciculation and lower body surface temperature. **DOSAGE AND ADMINISTRATION**

dosages of ARICEPT shown to be effective in controlled clinical trials are 5 mg and 10 mg administered once

Controlled clinical trials indicate that the 10 mg dose, with a one week titration, is likely to be associated with

incidence of cholinergic adverse events than the 5 mg dose. Because steady state is not achieved for 15 days and be

incidence of such effects may be influenced by the rate of dose escalation, treatment with a dose of 10 mg should

contemplated until patients have been on a daily dose of 5 mg for 4 to 6 weeks. Whether or not to employ a dose of

a matter of prescriber and patient preference. ARICEPT should be taken in the evening, just prior to retiring, and

taken with or without food.

Revised April,

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?YING ON YOUR TEEN?

ntinued from page 96

spying is when you invade your
ild's privacy without his knowledge
permission."

Still, most parents—and experts
)—would agree on this point:
cy is not an inalienable right.
hildren do not have absolute free
m," says Elkind. "They have to
monstrate responsibility. Once they
late that responsibility, they forfeit
ir freedom; parents are then justified
d in going through their personal
ngs." But after a few months of
ponsible behavior, children should
able to earn back their privacy.

)t a Search Warrant?

ivacy is one thing, however, and
crecy quite another. As Carol
edland, Ph.D., a clinical psycholo-
t in New York City, points out,
's normal for a teen to slam the
or and spend time alone in his
)m. But if you suspect that he is
rboring a secret—like drinking
n it's time to talk."

Given the prickly nature of teens,
wever, many parents prefer to gath-
evidence before having that talk.
ane admits to being more than just
ceen observer of her children's ac-
ns. "Once when I thought my son
, then seventeen, was drinking with
buddies, I rummaged through his
set and found beer bottles. When I
ifronted him, he shot back, 'What
're you doing in my closet?' I said,
s really *my* closet; you're just rent-
it.' I want him to know that I *will*
l out everything."

But fear of being caught is only a
rt-term motivator, says Anthony
Wolf, Ph.D., a clinical psycholo-
in Longmeadow, Massachusetts,
l author of *Get Out of My Life, but*
t Could You Drive Me and Cheryl
the Mall?: A Parent's Guide to the
w Teenager (Noonday Press,
)1). "You should expect teens to
ak and lie," he says. "It's our job
parents to try to stay ahead of them
being involved in their day-to-day
s. If you see something serious
ng on, though, ask him point-
nk, 'Are you in trouble with

If I suspected my [illegible]
Melnure, Ph.D., is [illegible]
dean of undergraduate [illegible]
University of Maryland [illegible]
Park, family therapist, and [illegible]
Teenagers (Prima [illegible]
Better Relationships (Stanton [illegible]
roads Press, [illegible]). I would ask the
child to show me his room. If he [illegible]
she says, 'No, you can't go in there,'
I would put the trust element on the
line." But if he had strong suspicions,
says McInture, spying in the child's
room is justified as a last resort.

Justification is a tricky word,
though. Some moms feel that secretly
checking up on their child is a hall-
mark of responsible parenting. Corina
Dickason, thirty-five, from
Diamond Bar, California, recently
quit her job as an assistant office
manager to keep a closer eye on her
children, Amber, seventeen, Kenny,
fifteen, and Kyle, twelve. "My par-
ents divorced when I was a year old,
and my mom then married an alco-
holic," says Corina. "I had very little
supervision and I made a lot of bad
choices. I won't let my kids do that.

"If I need to spy on my kids, I
will. They know this, and I think it
prevents them from misbehaving. I
check their schoolbags, listen to their
phone conversations, and I've even
read Amber's journal," says Corina.

Do her kids resent her involvement?
"They know I'm their biggest fan. I
go to all of their games and school
field trips, and I am always there to
encourage them. Hands-on parenting
is essential these days," argues Corina.

The Accidental Spy

But what happens when a parent
stumbles on the evidence, as did
Linda Knox, a fifty-three-year-old
banker from Philadelphia with two
boys, Brandon, nineteen, and T.J.,
twenty, two years ago. *(continued)*

Secret
Success
Story



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[illegible]

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ON YOUR TEEN?

…gh school, their friends would … over to our house after school," says Linda. "I always thought that was great, until one day I found beer bottles under the couch. I immediately confronted them. 'What's so bad about a few beers?' they said."

She was adamant: "'You're underage. Period. It's illegal. You … bring your friends here to drink.' I told them." After that day,



she started going through their stuff regularly. "I think it would be irresponsible if I didn't," Linda says.

But occasionally, things are not what they seem. Diane Tomasulo recalls that once, as she was putting daughter Dea's markers away, she came across a plastic bag filled with what looked like marijuana. "I freaked out," says Diane. "She was thirteen. I had never suspected anything." So Diane called Dea upstairs and demanded, "What is this?"

"It's catnip, Mom," said Dea. "I haven't had a chance to put it into the scratching box yet." Diane was busted. She felt terrible that she had accused Dea unfairly.

The Crisis Spy

…, drinking and drugs are the … number one concerns for the moms of teenage boys, sex is the top worry for moms of teenage girls. Donna Coleman*, forty-one, from Dayton, Ohio, saw her sixteen-year-old daughter change before her eyes. "She was a fun-loving, outgoing child," says Donna. "But we always knew where she was going, what movies she saw and with whom. Until she got to high school."

Alana started deceiving her parents about where she was going. So Donna began to look for clues. "I went through her room and found a note from one of her friends that made it clear she had tried marijuana." But when Donna learned Alana had had sex—from reading her diary—that was it. "We took away her pager, phone, dating privileges," says Donna. "We told her that we no longer trust her; she has to earn our trust back."

The good news, reports Donna, is that Alana has reformed. "She's now playing soccer, participates in church activities and is making new friends with kids at church." But keeping such close tabs on a child is not without its cost: "It's been exhausting," says Donna. "I can't wait until the day she's grown up and can fly the coop."

> Be a good listener and your kids will tell you what you need to know; try to run their lives and they'll tune you out

The Recreational Spy

My friend Lisa*, forty-four, a dental hygienist in New Jersey, actually brags about her snooping escapades. Her fifteen-year-old daughter, Arielle, has given her no cause for concern, but Lisa says, "I need to have as much information about my daughter as I can. I feel I'm entitled to go through Arielle's drawers, backpack and school notebooks. Arielle thinks I'm pathetic. But I know I'm doing the right thing."

But is she? "Parents who spy out of curiosity risk serious damage to their relationship with their teen," says Roger McIntire. "If a parent makes a habit of spying on her child, I can guarantee there will soon be nothing in that room to find, unless that teen is denser than a turnip." The result will be an elaborate game of hide-and-seek. Meanwhile, your child may still be doing the things you suspected.

For the Future

"The only way to truly eliminate the risks," says Anthony Wolf, "is to lock children in their room and not allow them to go out at all." That is simply not reasonable. "The important thing is to make sure that if they are going to take risks and make mistakes—which is inevitable—they don't screw up their lives.'"

Carol Friedland's credo: "Pay attention. Keep constant open communication and you won't have to spy to know what's going on."

Easier said than done, of course. Adolescents are notably touchy and moody, and they don't always want to talk to you. So it's up to you to make yourself available, again and again—because when they push you away is when they most need you. Learn to be a good listener and kids will tell you everything you need to know; tell them how they should live their lives and they'll tune you right out.

As for me, I'm dealing with the fact that my daughter has ditched me—my opinions are not what she wants right now, and being a sounding board is the most I can hope for. And I'll just have to find a way to dampen my curiosity about the details she doesn't want to share. But I'll be watching . . . very closely. ●

Leslie Lampert is a contributing editor to Ladies' Home Journal.

*Name has been changed.

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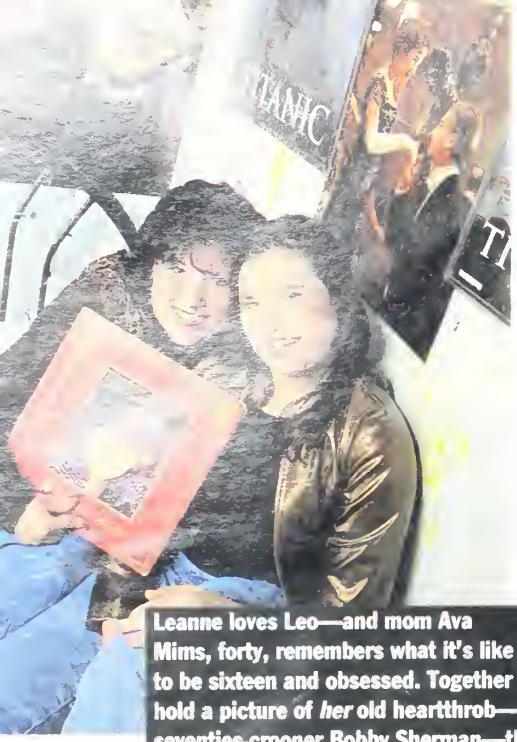


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Leanne loves Leo—and mom Ava Mims, forty, remembers what it's like to be sixteen and obsessed. Together they hold a picture of *her* old heartthrob—seventies crooner Bobby Sherman—that she's kept all these years .

TEENAGERS THEN & NOW

Parents of today's teens often remark on how dramatically the world has changed in just one generation. But they also feel a sense of déjà vu as they battle over telephone time and negotiate curfews and car keys. We caught up with parents and teens across the country to find out what has changed and what remains eternal. By Lynn Harris



TEEN TALKATHONS

The telephone is so last week, but don't think for a minute teens aren't still driven to talk to each other.

"We had only one phone in the house and no privacy. But I'd see my best friend at school and talk to her on the phone for half the night." Jo-Anna Johansen-Motylewski, fifty, Brooklyn, New York





"I use the Internet for E-mail, instant messaging, and hanging out with friends in chat rooms. My parents yell if I tie up the line, but they can't hear me on the computer like on the phone." Rowena Motylewski, seventeen



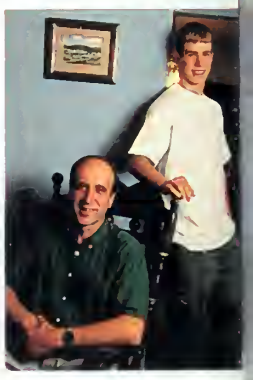


TEENMOBILES

Then and now, it's all about freedom.

"At seventeen I bought a used 1970 Ford pickup, which became the hangout car. Everyone would pile in the back, and we'd go to the drive-in and pull in backward to watch the movie. When my wife Barbara and I were dating, the only drawback was that the truck had no backseat." Joe Piascik, forty-three, Cornwall, New York

"I finally got my car—a navy-blue 1990 Buick Century. It's not, like, some hot sports car or anything, but what matters to me is I can go wherever I want whenever I want. My parents have been pretty good about it, too; if they use it, they always refill the gas tank." Al Piascik, eighteen





THESE MAGIC MOMENTS . . .

No matter how casual dating has become, prom night holds an irresistible promise of romance.

"I remember going to Hecht's—one of the first stores in D.C. to give charge cards to blacks—for a long white dress with a bit of cleavage and a big daisy at the bustline. My date was handsome in a white jacket and black tie. It felt like a fairy tale." Gloria Mobley, forty-five, Washington, D.C.

"For my prom, I wore a long pewter dress with a fitted bodice and full skirt with a crinoline. I felt so grown up." Izetta Mobley, eighteen





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THE FACTS OF LIFE

We discovered free love; our kids, the hidden costs.

"One day I was coming in before curfew because there was nothing to do. The next, people were talking about free love." Brigitte Boiano, forty-nine, Mason, Ohio

"Girls today just have so much else going on that we don't wait by the phone." Kristy Boiano, eighteen. "We're in a club that promotes sexual abstinence. My mom didn't have to think about AIDS the way we do." Her twin sister, Katie Boiano









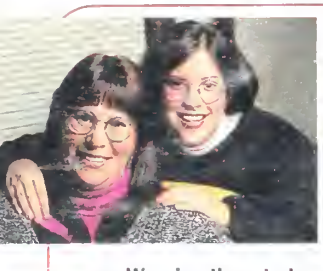
IT'S ONLY ROCK 'N' ROLL . . .

but we still like it.



"I thought Jim Morrison of The Doors was a brilliant poet. In one class, we had to memorize poetry, and I managed to convince the teacher to let me use a Doors song." Joel Pava, forty-five, Newton, Massachusetts

"I like Puff Daddy a lot; I really like the rhythm, and he has more to say than the hard-core rappers who are basically all about endless swearing. But I like the old music best of all, like The Doors and Dylan. They really have stories to tell. And my dad knows all the words." Zach Pava, seventeen



FADS AND FASHIONS

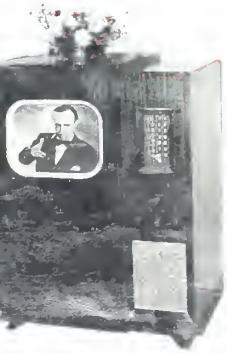
Like mother, like daughter.

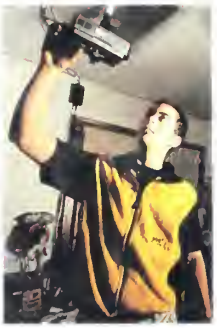
"I bought a short leather skirt and an enormous pair of platform shoes. Blue eyeshadow completed the look. I promptly sprained my ankle. A brace would not be cool, so I limped resolutely in those shoes for months." Carole Garbuny Vogel, forty-six, Lexington, Massachusetts

"My first heels were a big deal, a symbol of being grown-up. Wearing them to temple, I tripped and broke my ankle—and was in a cast for ten months. Sneakers and big solid boots, that's my thing now." Kate Vogel, seventeen









A ROOM OF ONE'S OWN

The technology changes constantly, but Jimi is forever.

"In my bedroom I had a small black-and-white TV where I could watch things like *That Was the Week that Was* or Johnny Carson's monologue. I also had posters from political campaigns and a big picture of Jimi Hendrix." Niles Berman, forty-seven, Madison, Wisconsin

"I have a laser-disc projector and a very large screen, so people come over in big groups to watch movies. I've also got posters of cars and of movies like *Pulp Fiction* and *The Rock*, plus a painting of Jimi Hendrix." Jaron Berman, seventeen





TEENS AND AUTHORITY

We've come full circle, from power to the people back to working with the Establishment.

"Angela Davis was my heroine. She helped make it okay for youngsters to have their own opinions. No way would we have aligned ourselves with the Establishment: The country sent our men to Vietnam; the South was segregated; drugs and decay were destroying our community." Deirdre Lovell-Othen, forty-two, Brooklyn, New York

"My heroine is Shirley Chisholm, the first African-American woman in Congress. I'm kind of obsessed with Model Congress [a mock Congress]—we go to Washington, D.C., and research and write bills, then debate them and try to get them passed. I'm really inspired by the feeling that whether we're actually participating or just voting, we can have a voice in running the country." Zöe Lovell-Othen, seventeen







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"I wished it had been me who died," says Nikki Arden

At age fifteen, she got behind the wheel of a car—and caused a fatal accident. Today, she's still paying the price. By Robin Landew Silverman

After The Crash

Car crashes are the leading cause of death among teens in the United States, outpacing suicide, drug overdose and cancer. Six thousand three hundred teens died in car accidents in 1996, six hundred thousand were injured, and nine thousand other motorists were killed. According to the National Highway Traffic Safety Administration, during the year a driver is sixteen, he or she has about a 25 percent chance of having an accident.

Why are crashes involving teens so common? What happens to the young drivers who cause these accidents—and to their victims? Here, the chilling story of one accident—and those who will never forget it.

THE SCENE. A two-lane road in Nashwauk, Minnesota, May 2, 1994. THE TEEN DRIVER. Nikki Arden, fifteen years old. That day, she and her friend, Ann*, had decided to skip their afternoon classes at Greenway High School. They had been talking about a friend who'd died in a snowmobile accident during the winter, and "we were kind of bummed out," Nikki recalls. "We cut class and asked another friend if we could borrow her Jeep Cherokee so we could just drive around." The girl gave them the keys. Although neither Nikki nor Ann had even a learner's permit, they headed out on the road. The sun was shining, the radio was on and there wasn't much traffic. Ann drove first. Then Nikki, who had just celebrated her fifteenth birthday the day before, slid behind the wheel.

THE VICTIMS: Several miles away, Bernice Foley, fifty-six, was driving her mother, Marguerite Robbins, seventy-six, to a rummage sale. Marguerite loved collectibles; every shelf and table of her cozy farmhouse was laden with the treasures she'd found. Despite her age, Marguerite, the mother of sixteen, grandmother of fifty-three and great-grandmother of seventy, was a bundle of energy. Relatives were always stopping by for a visit—and to enjoy the pies, cookies or cakes she baked every morning. When she wasn't cooking or canning, Marguerite was likely to be out feeding the animals—including nine black bears—that roamed through her yard.

Her love of life was shared by her daughter. Bernice, who had six children and six grandchildren, worked at a nearby nursing home. She also spent hours driving her mother wherever she wanted to go. Marguerite had refused to drive ever since her own mother had been killed by a teenage driver in 1964.

THE ACCIDENT: "We were laughing and kind of goofing off and I pulled to the right," Nikki remembers. The Jeep Cherokee swerved onto the gravel shoulder. Nikki panicked. "I overcorrected, and I don't remember what happened after that," she says.

According to the police report, the vehicle lurched back onto the road, and crashed head-on into Marguerite and Bernice. Their pickup truck plunged into a culvert in a crash so severe, the vehicle was unrecognizable.

The Jeep *(continued on page 112)*

*Name has been changed.


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y research keeps PREMARIN at the forefront. coveries in medical science continue to reveal rmation about the positive impact of PREMARIN ughout menopause—and beyond. For example, in nt years it was learned that PREMARIN increases your s of "good" cholesterol (HDLs) and decreases your ls of "bad" cholesterol (LDLs). And more is being ned every day.

y research into estrogen loss and the effects menopause. Wyeth-Ayerst, the maker of PREMARIN, has established the Women's Health Research Institute (WHRI). WHRI is dedicated to the discovery and development of new ways that help women live longer healthier lives. WHRI's ongoing research into the effects of estrogen loss and estrogen replacement therapy. A heritage of confidence... a commitment to your future. Good reasons why PREMARIN is an important part of your life... now more than ever.

There can be side effects with PREMARIN. One is the possibility of developing cancer of the uterus. If you have had a hysterectomy, you don't have this risk. Your doctor may prescribe a progestin along with PREMARIN to greatly reduce this risk. Side effects include blood clots, nausea, vomiting, and breast tenderness.

PREMARIN may not be right for every woman. When you discuss estrogen replacement therapy with your doctor or health care provider, be sure to discuss your personal and family history of breast cancer, breast lumps, uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, or heart disease. If you have experienced any of these conditions, you should not take PREMARIN. Also, you should not take PREMARIN if you are pregnant because of possible risk to the fetus.

If you have any questions about your PREMARIN prescription, speak with your doctor or health care provider.

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This summary describes when and how to use estrogens and the risks of estrogen treatment

ESTROGEN DRUGS

Estrogens have several important uses but also some risks. You must decide, with your doctor, whether the risks of estrogens are acceptable in view of their benefits to you. If you decide to start taking estrogens, check with your doctor to make sure you are using the lowest possible effective dose. The length of treatment with estrogens will depend upon the reason for use. This should also be discussed with your doctor.

USES OF ESTROGEN

To reduce menopausal symptoms: Estrogens are hormones produced by the ovaries. The decrease in the amount of estrogen that occurs in all women usually between ages 45 and 55, causes the menopause. Sometimes the ovaries are removed by an operation causing "surgical menopause." When the amount of estrogen begins to decrease some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck and chest (or "hot flushes" or sweating ("hot flashes"). The use of estrogens relieves these symptoms of heat and sweating ("hot flashes"). The use of estrogens relieves these symptoms of heat and sweating ("hot flashes"). The [illegible] due to lower estrogen levels.

Many [illegible] menopausal symptoms and do not need estrogens. Other women may [illegible] lower estrogen levels. The majority of women do [illegible] for these symptoms.

[illegible] after menopause, some women develop osteoporosis [illegible] weaker and more likely to break, often leading to fractures of the [illegible]. Estrogens after the menopause slows down bone loss [illegible]. Eating foods that are high in calcium (such as milk products) or taking [illegible] pill or another day) and certain types of exercise may also help prevent [illegible].

[illegible] associated with some risk, its use in the prevention of osteoporosis should be considered [illegible] will appear to be susceptible to this condition. The following characteristics are often present [illegible] who are likely to develop osteoporosis: white race, thinness, and cigarette smoking.

[illegible] who had their menopause by the surgical removal of their ovaries at a relatively young age are [illegible] dates for estrogen replacement therapy to prevent osteoporosis.

To treat certain types of abnormal uterine bleeding due to hormonal imbalance.

To treat atrophic vaginitis (itching, burning, dryness in or around the vagina).

To treat certain cancers.

WHEN ESTROGENS SHOULD NOT BE USED

Estrogens should not be used:

During pregnancy. Although the possibility is fairly small, there is a greater risk of having a child born with a birth defect if you take estrogens during pregnancy. A male child may have an increased risk of developing abnormalities of the urinary system and sex organs. A female child may have an increased risk of developing cancer of the vagina or cervix in her teens or twenties. Estrogen is not effective in preventing miscarriage (abortion).

If you are breast feeding. Many drugs are excreted in human milk and can be passed on to your baby. Therefore, estrogen therapy should be used only when your doctor decides it is clearly necessary.

If you have had any heart or circulation problems. Estrogen therapy should be used only after consultation with your physician and only in recommended doses. Patients with a tendency for abnormal blood clotting should avoid estrogen use. This includes patients who currently have clots in the leg (thrombophlebitis), or any other part of the body (thromboembolic disorder). (See below.)

If you have had undiagnosed vaginal bleeding. If you have ever had abnormal bleeding from the vagina estrogens should not be used unless you have talked to your physician about this problem.

If you have had cancer. Since estrogens increase the risk of certain cancers, you should not take estrogens if you have ever had cancer of the breast or uterus. In certain situations, your doctor may choose to use estrogen in the treatment of breast cancer.

When they are ineffective. Sometimes women experience nervous symptoms or depression during menopause. There is no evidence that estrogens are effective for such symptoms. You may have heard that taking estrogens for long periods (years) after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence that this is so and such long-term treatment may carry serious risks.

DANGERS OF ESTROGENS

Cancer of the uterus. The risk of cancer of the uterus increases the longer estrogens are used and when larger doses are taken. One study showed that when estrogens are discontinued, this increased risk of cancer seems to fall off quickly. In another study, the persistence of risk was demonstrated for 10 years after stopping estrogen treatment. Because of this risk, *it is important to take the lowest effective dose of estrogen and to take it only as long as you need it.* There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

If you have had your uterus removed (total hysterectomy), there is no danger of developing cancer of the uterus. If you have your uterus, please refer to the section titled **"OTHER INFORMATION."**

Cancer of the breast. The majority of studies have shown no association with the usual doses used for estrogen replacement therapy and breast cancer. Some studies have suggested a possible increased incidence of breast cancer in those women taking estrogens for prolonged periods of time and especially at higher doses are used.

Regular breast examinations by a health professional and self-examination are recommended for women receiving estrogen therapy, as they are for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, heart attack or pulmonary embolus, any of which may be fatal.

Heart disease. Large doses of estrogen in men have been shown to increase the risk of certain heart diseases. This may not necessarily be true in women. In order to avoid the theoretical risk of high doses, the dose of estrogen you take should not exceed the dose recommended by your doctor.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast and/or bone cancer.

SIDE EFFECTS

In addition to the risks listed above, the following side effects have been reported with estrogen use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen.
- Yellowing of the skin and/or whites of the eyes.
- Breast tenderness or enlargement.
- Enlargement of benign tumors of the uterus.
- Breakthrough bleeding or spotting.
- Change in amount of cervical secretion.
- Vaginal yeast infections.
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease.
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes.
- Worsening of porphyria.
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses).
- Mental depression.
- Involuntary muscle spasms.
- Hair loss or abnormal hairiness.
- Increase or decrease in weight.
- Changes in sex drive.
- Possible changes in blood sugar.

REDUCING RISK OF ESTROGEN USE

If you decide to take estrogens, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking estrogens, it is important that you visit your doctor at least once a year for a physical examination. Special attention should be given to blood pressure, breasts, abdomen, and pelvic organs. A Pap smear should be taken and tested at this visit. If members of your family have had breast cancer or if you have ever had breast nodules or an abnormal mammogram (breast x-ray), you may need to have more frequent breast examinations. Also be sure to let your doctor know if you have ever had liver or kidney disease, as this may affect the decision to use estrogen.

Reevaluate your need for estrogens. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual side effects to your doctor immediately:

- Abnormal bleeding from the vagina.
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots in the legs, heart, or lungs).
- Severe headache, dizziness, faintness, or changes in vision, indicating possible clots in the brain or eye.
- Breast lumps.
- Yellowing of the skin and/or whites of the eyes.
- Pain, swelling, or tenderness in the abdomen.

OTHER INFORMATION

Some physicians may choose to prescribe another hormonal drug to be used in association with estrogen treatment for women with a uterus. These drugs, progestins, have been reported to lower the frequency of occurrence of a possible precancerous condition of the uterine lining. Whether this will provide protection from uterine cancer has not been clearly established. There are possible additional risks that may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats and sugars. The choice of progestin and its dosage may be important in minimizing these effects.

Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, or poison control center immediately.

This Summary provides the most important information about estrogens. If you want to read more, ask your doctor or pharmacist to let you read the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the most current Premarin Tablets Direction Circular, CI 5084-1, Revised May 4, 1998

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WAPR 0559

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AFTER THE CRASH

Continued from page 108

was also totaled, and Nikki and Ann, who were wearing seat belts, were knocked out by the impact. Nikki regained consciousness first. "Ann was making noises like she was choking, and I thought I remembered from my lifesaving classes that she could be choking on her tongue, so I lifted her head up," Nikki says. "But [a paramedic] yelled at me not to touch her in case there was neck injury." Nikki was badly bruised, but she was able to walk to the ambulance. Ann was carried to another ambulance on a stretcher.

At the hospital, the police questioned Nikki about the accident. They had already asked the doctors to run a blood-alcohol test on her; the results showed she had not been drinking. When a hospital-appointed therapist told Nikki that the occupants of the other car were dead, she began to cry. "I wished that it had been me who died," Nikki says.

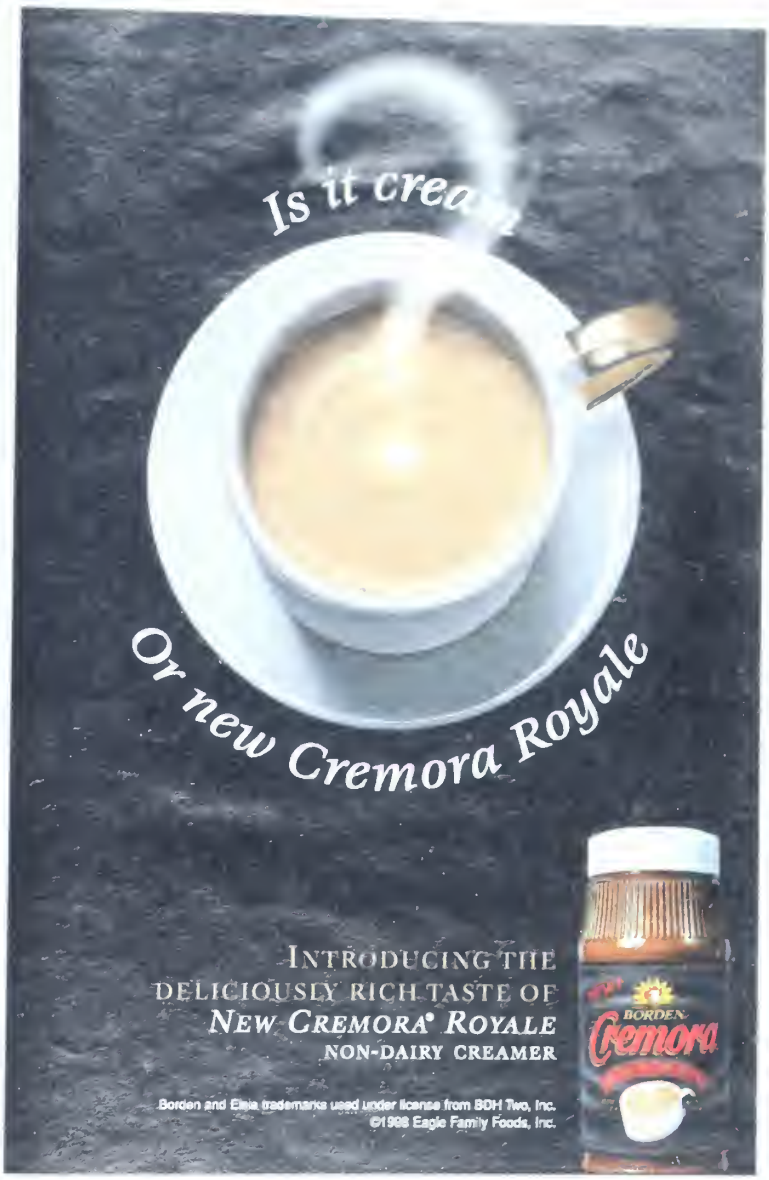
The authorities called Nikki's parents to tell them about the accident. Her mother, Darcy, forty-one, and her father, Rick, forty-two, rushed to the hospital. When they arrived, Nikki was sitting up in bed, her cheeks stained with tears. Darcy and Ric embraced their daughter, and all three of them cried. "I thought about the families of the women who die and how they must be feeling," sa Darcy. "I could only imagine wh they must be going through."

TAKING THE BLAME: Nikki w well enough to go home that nigh and Ann was released from the ho pital with minor injuries a day late The next morning, what Nikki ha done began to really sink in. "Whe I first woke up, I thought it had a been a really bad dream," she say

As I went through the day
eling like it would have been
I had been the one who died."
Although she didn't say much
r family about the accident
nickly became consumed with
lf-hate. You should die in a
cident as punishment, she told
rself.

As the days
ssed, Darcy
ew more and
ore afraid for
r daughter.
arful of the
action she
ght get from
r classmates,
rcy and Rick
ggested that
kki stay home
m school and
ish out the
ademic year
th a tutor.

But Nikki re-
sed. "I was
ared to go
ck to school,
t I wanted to
with my
ends," she
ys. Most of
r classmates
d teachers
re kind and
pportive. But
ers were not.
One of my
end's sisters
lled me a
rderer," she
s sadly. "At
time, I just
etended I
dn't hear it.
t I knew it
s true. I
ought about
at I'd done all the time."



OPING WITH GRIEF. Mean-
ile, about sixty-five miles away,
n Wirtz, daughter of Marguerite
bbins and sister of Bernice Foley,
s struggling with her own anguish.
r son Ricky had been killed in a
ak explosion at work just th

The breaking point came at her
mother and sister's funeral. "I re-
member walking out of there and my
legs just starting to shake," she says.
"I ran to the bathroom and my good
friend Sandra came in. I was sitting on
the floor crying like an idiot. And
[illegible] just cry."

I wondered
thinking. When
this girl arrives,
what am I
gonna do? Am I
going to say
something to
her? Am I going
to tell her 'I
hate you?' But
when Nikki
walked into the
room sobbing,
Joan's anger has
appeared.

"She was cry
ing and scared
to death. She
was so young; it
was just horri-
ble," Joan re-
calls. "I felt sad
for her, because
she was so
crushed. I sat
there just look-
ing at her,
thinking, This
poor kid. What
she has to go
through for the
rest of her life.
This could have
been one of my
kids. Suddenly, I
just didn't hate
her anymore."

The relief was
profound and
immediate. "It
was like a weight
was lifted off my shoulders," Joan says.
"I didn't have that hatred in my soul."

THE SENTENCE. During the
hearing, Nikki couldn't stop crying.
"I'm so sorry for what I've done,"
she told the judge.

She was sentenced to probation un-
til she was eighteen. She *(continued)*

was also required to get counseling, to put flowers on the graves of her victims three times a year and to write a letter to the family of Marguerite and Bernice apologizing for what she'd done.

LEARNING TO FORGIVE In May 1995, one year after the crash, Nikki called Joan and asked if she would meet her and show her Marguerite's and Bernice's graves.

Joan was shocked. "I never thought she would do it. I thought, They're not going to force this kid to go out and put flowers on a grave. She's going to say she did and they're simply going to take her word for it."

Hearing Nikki's voice made Joan remember how scared the teenager had been the day of the hearing. "I asked her how she was doing," Joan says. "And she said, 'I still have a long way to go.' "

Joan took Nikki and Darcy to the cemetery a week later. Tears rolled down the teenager's cheeks as she stepped out of her mother's car. She walked slowly toward the graves of the two women, carrying two red roses. Says Joan, "I really don't think Nikki realized what she'd done until that morning."

"That's when it really hit me," Nikki agrees. As she placed the flowers against the headstones, she thought, This should be me. I'm the one who deserved to die.

Joan stood by Nikki's side. She began to sob quietly. *(continued)*





Nikki says she'll never forget the victims of the crash—Bernice Foley (below, second from left) and Marguerite Robbins (far right)

How To **Crashproof** Your Teen

Teen drivers are simply too young and inexperienced to be trusted on the road, say experts. "The United States is one of the only industrialized nations where people under eighteen are allowed to drive," notes Phil Berardelli, author of *Safe Young Drivers: A Guide for Parents and Teens* (Nautilus Communications, Inc., 1998). "We have the most vehicles and the easiest driving requirements. We buy our kids cars for their sixteenth birthday and set them free."

"Teens are a dangerous class of drivers," agrees Stephanie Faul, communications director for the AAA Foundation for Traffic Safety, in Washington, D.C. "It's not because they're bad people, it's because they're inexperienced behind the wheel. The traffic environment is very complicated and requires a lot of attention."

There are several important steps you can take to lower the odds that your teen will be injured in a car accident. Here's what the nation's top experts recommend:

* **TEACH TEENS THAT DRIVING IS A PRIVILEGE, NOT A RIGHT.** Just because your child has reached the legal age to drive, that doesn't mean she's entitled to the car keys, says Faul. Make her demonstrate that she's a safe and responsible driver before you let her hit the road on her own.
* **HELP THEM LEARN.** "A driver's education course is a fine starting point, but it's no substitute for parental involvement," says Robert McCool, program manager at the University of Kentucky's Injury Prevention and Research Center, in Lexington. "Unless you're in the car with them, you have no way of evaluating their driving and decision-making skills."



Spend as much time as possible helping your teen practice. "It takes months of driving through all kinds of conditions to develop the requisite skills," says Berardelli. "It's not something you can rush."

* **BE A GOOD ROLE MODEL.** While your child may not admit it, you are her number-one role model when it comes to driving, says Rebecca Walters, team leader of the NO CRASH Teen driving program at Mary Washington Hospital, in Fredericksburg, Virginia. So buckle up, stick to the speed limit, don't drive after drinking, and keep your road rage in check.
* **CHOOSE THE RIGHT CAR.** "Lots of parents give their teens the old clunker to learn on, but that's not the safest choice," notes Chuck Hurley, executive director of public affairs for the National Safety Council, in Chicago. Loretta Worters, a spokesperson with the Insurance Information Institute, in New York City, points out, "Newer safety features such as air bags can't prevent an accident, but your teen may have less severe injuries."

As for size, small cars may be sexier than station wagons, but they can be much more dangerous, too. According to researchers at the University of Washington, in Seattle, the death rate for teen drivers in small cars was more than double that for drivers in larger vehicles. "Giving a teenager a sports car," says Worters, "is just asking for trouble."

* **LIMIT THE NUMBER OF PASSENGERS.** A carload of teenagers is like a mobile party, with distracting music, noise and sometimes alcohol. Because fatal crashes tend to involve carloads of young people, the National Safety Council recommends prohibiting teen passengers for the first ninety days a child is licensed to drive. After that, restrict the number to one or two.
* **INSIST ON SEAT BELTS.** Eighty-seven percent of teens killed in car crashes were not buckled in. "Twenty years of research shows that seat belts prevent death and reduce the severity of injuries," says Rebecca Walters. Seat-belt compliance among teens is up 20 percent in Fredericksburg since the debut of Walters's NO CRASH program, which rewards buckled-in drivers with prizes. *(continued)*

TER THE CRASH

tinued

Nikki turned to Joan. "I
ry," she said tearfully.
As Joan's tears began to
forgiveness. "I gave her a
I said, 'You don't know
ch pain you caused us. But you
ing, and you have your whole
e ahead of you. Learn from it. Go
Make a life.'"

CEPTING WHAT SHE

)NE: "Knowing Joan had forgiven
helped me deal with the accident
t more. It helped me forgive my-
," Nikki says. Before they left the
netery that day, she gave Joan a
e and a card with a packet of for
-me-not seeds.

That summer, Nikki attended a pre-
ege program at a local community
ege. There, she met another student
ned Sarai Konarza. "She took me to
Assemblies of God church," Nik-
ays. "One night Sarai and I were
e, and it was like this light sud-
ly lifted me up. At that moment,

Robin Landeck Silverman is a freelance writer in Grand Forks, North Dakota. Her book "The Ten Gifts: A Program for Personal Peace" will be published by St. Martin's next year.

N TO CRASHPROOF YOUR TEEN

tinued

RESTRICT NIGHT DRIVING. About half of
een car-related deaths happen between
P.M. and six A.M. "Driving at night takes
e experience, and there's also a greater
ice that drivers have been drinking,"
Worters. She recommends setting a
e-before-dark curfew for your child,
cially on weekends. In communities
e curfews have been enacted, car
hes have dropped by as much as
ercent during restricted hours.

GIVE YOUR CHILD A FEELING OF
IERSHIP. "If they're really involved
the car, they'll be more careful
use—strange as it sounds—they
t want the vehicle to get hurt," says
. So make your teen responsible for
ing and caring for the car, taking it in
epairs, paying for gas and contributing
rd the cost of insurance.

ORM A CONTRACT. A written
ement, including consequences for
et expectations, can be an effective
of letting your teen know exactly
's required of a new driver. Walters's
RASH program has a "vehicle use and
ation agreement," which includes
rules as "safety belts will be fastened at all times," and "your user privilege will be linked to your grades in school and performance at home."

"The contract provides a format for discussion," explains Walters. And if any disagreements come up later, you can point back to the contract.

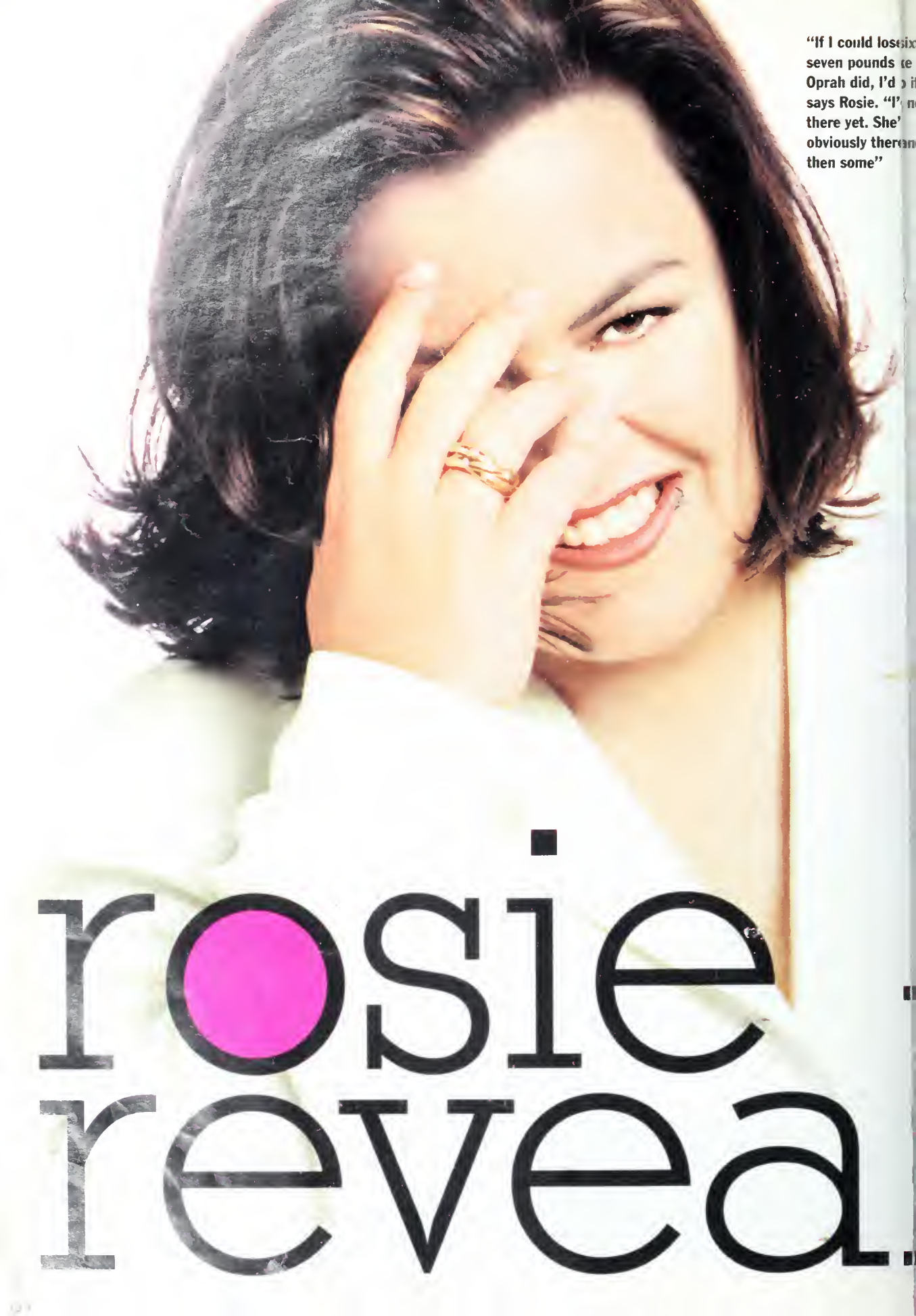
* **TEACH GOOD CELL-PHONE HABITS.** Cellular phones can be lifesavers in emergency situations, but in careless hands they can also cause serious accidents. Tell your child to never use one while driving—unless she needs to call for help.

* **SUPPORT THE GRADUATED DRIVER LICENSING MOVEMENT.** Increasing practice time, insisting on seat belts, limiting teen passengers and restricting night driving—these are all components of the graduated driver licensing program (GDL), an approach to lowering crash statistics. More than half of all states have their own form of GDL.

Under the three-stage GDL system, a new driver graduates to higher levels of licensing, earning new privileges with each level. Crashes and moving violations (in which the driver is at fault) restrict the teen's ability to move to the next stage. Call your local AAA office for more information about the GDL movement in your state.

—Debra Kent





"If I could lossix seven pounds te Oprah did, I'd) i says Rosie. "I' n there yet. She' obviously thereon then some"

rosie revea

Rosie O'Donnell shares her darkest moment, her most embarrassing mistake, and how she really feels about her body

By Melina Gerosa

ed

Walking across Rosie O'Donnell's Rockefeller Center office is a little like stepping into the movie *Big*. A cluster of beach-ball shaped pillows vies for space on her oversize overstuffed couch. Fozzie Bear, Tigger, Superman, Batman, Cookie Monster, Hercules, Baby the Pig, Cruella De Vil and WNBA Barbie all stare down from the bookshelves. Framed photographs of O'Donnell's towheaded kids—three-year-old Parker and one-year-old Chelsea—cover all remaining surfaces.

O'Donnell arrives a few seconds after her voice, which is singing the theme song to *The Brady Bunch*. Ambling into her office in sweats and a T-shirt, the thirty-six-year-old entertainer plops down in her favorite chair, sits cross-legged and cracks open a Dr Pepper. Even though she is exhausted after shooting two shows, and concerned about Parker, who is home with an earache, O'Donnell settles in to answer the burning questions that everyone wants to ask one of daytime's favorite talk-show hosts.

LHJ: If you could be a man for a day, who would you be—and why?

RO: Vanessa Redgrave once said she'd be Christopher Reeve, to see what his life is like post-accident. But I would be Batman. I enjoy the costume—it comes with the plastic muscles so you instantly get a nice body—and you get to save people in trouble. Anonymously.

LHJ: You've been a pop-culture vulture since you were a kid. Why?

RO: I escaped from reality in the world of TV, movies and music. Carol Brady was like a mother to me. And I'd go to bed and think, I wonder where Barbra Streisand is right now. These celebrities were like my companions.

LHJ: What's the hardest thing you've ever been through?

RO: My mother's death. [She died from breast cancer when O'Donnell was ten years old.] Only time has helped, and I don't think I'm quite through it yet.

LHJ: What do you do to beat the blues?

RO: Decoupage. It's the art of paper, glue and gloss. Everyone makes fun of me because there is actually a craft room in my house. But that's what I do. Very nerdy.

(continued)

LHJ: What's the most embarrassing thing you've done?

RO: I told Sting that I really loved him in the movie *Bastard*. He said, "I wasn't in that movie; that was Phil Collins." On live TV. I thought I would die.

LHJ: What's your hidden talent?

RO: I can juggle, and balance anything on my finger. As a kid I used to try to learn how to do things like blowing three bubbles inside one larger bubble.

LHJ: Tell me about the Rosie Barbie doll that is expected to come out next year.

RO: When Mattel called and asked if I wanted to be a Barbie doll, my first reaction was no. But then I said, "If you give the Barbie a double chin, and don't make her waist go in, I'd consider it." She's still a very glamorous Barbie, but she's not a boobalicious, hourglass type. Also, they're giving some of the profits to my For All Kids Foundation.

LHJ: How do you feel about your body?

RO: It vacillates; some days there's a big loathing and other days there's a total disconnectedness. I'm the fattest I've ever been. I'm like two hundred eight pounds, and when I stepped on the scale it shocked me. Like most people, when I watch Maury Povich and there's a seven-hundred-pound person on, I think, It all started this way. One day he said, "How did you get over two hundred?" and the next year he said, "How did you get over three hundred?" When you're not connected to your body it gets out of control.

LHJ: How are you dealing with it?

RO: I'm trying to keep it in check and yet not fall into the ritual of demeaning myself because of it. I try to celebrate where I am, especially because little girls watch my show and I don't want them to hate themselves because they're larger than they want to be. When I'm one hundred eighty, I'm thin. I have never in my adult life been under one fifty.

LHJ: How do you feel at this weight?

RO: Lately, I've been feeling uncomfortable. But I also know that I am an emotional eater. The stress of the show makes me feel exposed, and I eat to protect myself by making a layer between me and people.

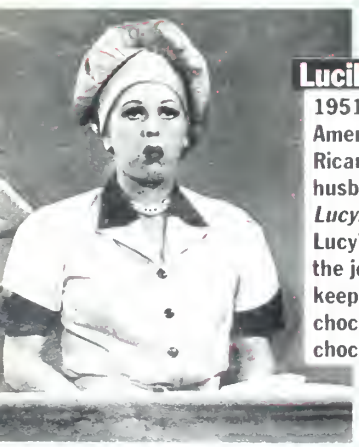
LHJ: So eating is really about emotions?

RO: Totally. When I went for my physical, the doctor told me, "You have to lose weight: In the morning eat a bowl of cereal and skim milk, at lunch have a salad, and for dinner eat fish." And I said, "Thank you, you just cured obesity in America." It was so offensive to me because if you think it's *what* you put in your mouth you're wrong. It has to do with *why* you do it.

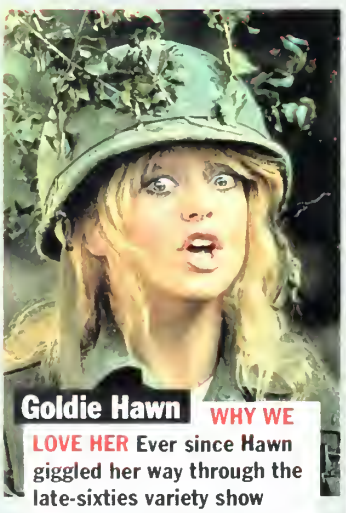
LHJ: What did you think of Oprah's losing twenty pounds in order to be on the *Vogue* cover?

The funniest women ever

us laugh the most? We asked our readers to vote



Lucille Ball **WHY WE LOVE HER** From 1951 to 1957, Lucille Ball reigned as America's First Lady of television. As Lucy Ricardo, she drove her screen (and real) husband, Desi Arnaz, bonkers on *I Love Lucy*. **MOMENT WE'LL NEVER FORGET** Lucy's solution to dealing with stress on the job: When she and Ethel couldn't keep up with the conveyor belt in the chocolate factory, they simply stuffed the chocolates in their cheeks.



Goldie Hawn **WHY WE LOVE HER** Ever since Hawn giggled her way through the late-sixties variety show *Laugh-In*, she has been proving that blonds do have more fun. **MOMENT WE'LL NEVER FORGET** When Hawn, as a pampered princess who joined the army, had to scrub the bathroom floor with her toothbrush in *Private Benjamin*.

Gilda Radner **WHY WE LOVE HER** As one of the original members of *Saturday Night Live*, she created off-the-wall characters who remain well-loved a decade after her death from ovarian cancer in 1989. **MOMENT WE'LL NEVER FORGET** Correspondent Roseanne Roseannadanna, who twisted the news into discussion of her bodily functions.



Whoopi Goldberg **WHY WE LOVE HER** Her in-your-face humor makes us laugh while she tells it like it is. Who else could replace Paul Lynde as the sassy center of *Hollywood Squares*? **MOMENT WE'LL NEVER FORGET** Watching Goldberg's eyes practically pop out of her head when her quack psychic character actually channeled Patrick Swayze's spirit in *Ghost*.



O: If I could lose twenty
o it too. If I could lose
id, I would do it. I'm
here and then some.

HJ: How do you feel about O

O: I envy her. Not that I want to
t her and I think she has achieved all
nd that's miraculous. But she's
eople are gonna pull her down,
bandoned them. It's like in the movie
hen William Hurt says, "What do you do
al life exceeds your dreams?" and Albert
im, "Keep it to yourself!"

HJ: Let's talk about your dreams. What
ould you most like to hold?

O: I'd like to be the fastest woman runner in the world
ut [laughter] it will never be.

HJ: What's the best career advice you ever got?

O: To listen to myself. Because the career advice you
sually get is "You should quit. You're not talented
nough." When I was on *Star Search*, one of the produc-
's told the other contestants, "She'll never be famous;
e's too tough, she's too New York, and she's too
eavy." And I remember thinking, Gosh, he's gonna feel
ke a jerk when I'm famous. Through the negativity I

LHJ:

RO:

LHJ:

RO:

LHJ: What's the one thing you like best about yourself?

RO: That I'm a loyal friend.

LHJ: What's the one thing you would change?

RO: I'd have more energy. I'm tired a lot. Also I'd like my
chins to be smaller. [Looks at clock.] I have to go to the
shrink now.

LHJ: May we ride along?

RO: Sure, but we have to leave now because I always get
a lecture when I'm late.

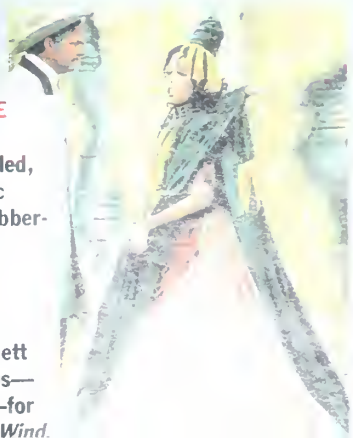
LHJ: [A few minutes later, in a car heading uptown.]
What is the one "wrong" of your

continued on page 170

esides Rosie, who makes
ere are your favorites



Lily Tomlin WHY WE LOVE HER Her zany character sketches of harried housewife Mrs. Beasley, snorting telephone operator Ernestine, and larger-than-life little girl Edith Ann that debuted nearly thirty years ago on *Laugh-In* are still true originals today. MOMENT WE'LL NEVER FORGET Watching frilly dressed, Mary Jane–wearing Edith Ann dispense philosophy from her giant rocking chair.



rol Burnett WHY WE
OVE HER This "goddess of
omedy," as she's been called,
reated a new kind of comic
ariety program with her rubber-
aced antics on *The Carol*
urnett Show, which won
wenty-two Emmys between
967 and 1978. MOMENT
VE'LL NEVER FORGET Burnett
onning a dress of draperies—
omplete with curtain rod—for
send-up of *Gone With the Wind*.



Kirstie Alley WHY WE LOVE HER Because she's never afraid to play the fool. In her performances in *Cheers* (from 1987 to 1993) and now in *Veronica's Closet*, Alley suffers through life's indignities without ever losing her sense of humor. MOMENT WE'LL NEVER FORGET The first time she walked into the *Cheers* bar and gave TV audiences a collective case of Shelley Long amnesia.



Bette Midler WHY WE LOVE HER The queen of camp, she sings, dances, tells dirty jokes and does whatever it takes to be a brassy broad. MOMENT WE'LL NEVER FORGET Watching Midler, dressed as the mermaid Delores DeLago, speeding around in her electric wheelchair, singing "My Way" in her stage act.



Roseanne WHY WE LOVE HER Hardly June Cleaver, the comedian still knocked ideal sitcom dad Bill Cosby out of first place in the ratings within a year of *Roseanne*'s debut. Today, she has reinvented herself as a talk-show host. MOMENT WE'LL NEVER FORGET Any of *Roseanne*'s much-hyped Halloween shows.


BETTER

SKIN NOW

A guide to the newest at-home treatment strategies and makeup solutions that improve problem skin

By Lois Joy Johnson

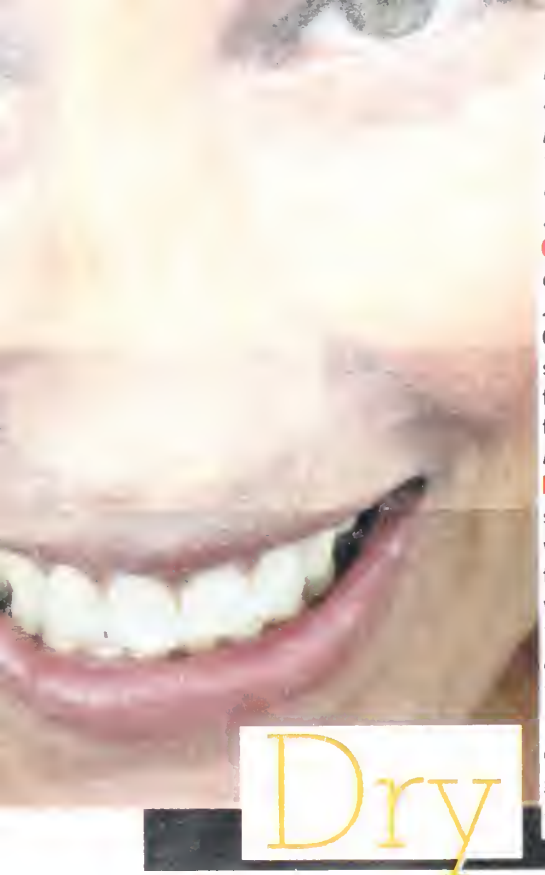
Stressed

When you're feeling tired and stretched to the limit, the first place it shows up is on your face. Lack of sleep, poor diet, insufficient exercise and environmental conditions, such as smog and secondhand smoke, can make skin appear pale, gray or just plain muddy. To get back a healthy glow:

CLEANSING A sloughing cleanser or one with polishing grains exfoliates the skin's surface to remove flakes and instantly restore a smooth texture. Try Bioré Mild Daily Cleansing Scrub or Bath & Body Works Face Gentle Smoothing Scrub. Alternate the use of these manual exfoliating cleansers with chemical exfoliators (those containing alpha-hydroxy acids—AHAs—and beta-hydroxy acids—BHAs), such as Oil of Olay Daily Renewal Cleanser with BHA, to avoid over-scrubbing. **ALL-DAY REPAIR** Dermatologists' number-one recommendation? Drink lots of water throughout the day to help minimize fluid retention, especially in the undereye area. Also, antioxidant vitamins C and E, ingredients in Clinique Stop Signs, Lancôme Vitabolic, and L'Oréal Plénitude Futur-e, work to freshen lackluster skin tone. **MAKEUP** A tinted moisturizer with light-reflecting pigments, like Ultima II Glowtion Skin-Brightening Moisture Cream, gives skin a supple, healthy texture. For extra coverage that goes on sheer, try a creampowder compact foundation like Revlon Age Defying Makeup. **BEFORE-BED ROUTINE** For overnight treatment, products containing retinoids and AHAs even out blotchy skin tone by promoting cell turnover. Try Estée Lauder Fruition (containing AHA) or Diminish (with Retinol). **EMERGENCY R_x** Speed cell turnover in minutes with a honey-almond scrub, a classic manual polisher that temporarily buffs skin to a rosier look and improved circulation. **ONCE-A-WEEK REVIVER** A papaya mask (look for papain or bromelain on the label) dissolves dead skin cells to reduce superficial dulling. Look for Origins Never A Dull Moment or Philosophy Deeply Superficial Enzyme Scrub Mask.



THE EXPERTS Fredric Brandt, M.D., associate clinical professor of dermatology at the University of Miami in Florida; Howard Murad, M.D., assistant clinical professor of dermatology at UCLA; Laurie Polis, M.D., dermatologist, New York City; Deborah S. Sarnoff, M.D., dermatologist, New York City; Richard Glogau, M.D., clinical professor of dermatology at the University of California, San Francisco



Dry

Dry skin can be the result of age, sun or wind damage, or plain old genetics. The best way to baby it? A combination of exfoliation, sun protection and remoisturization.

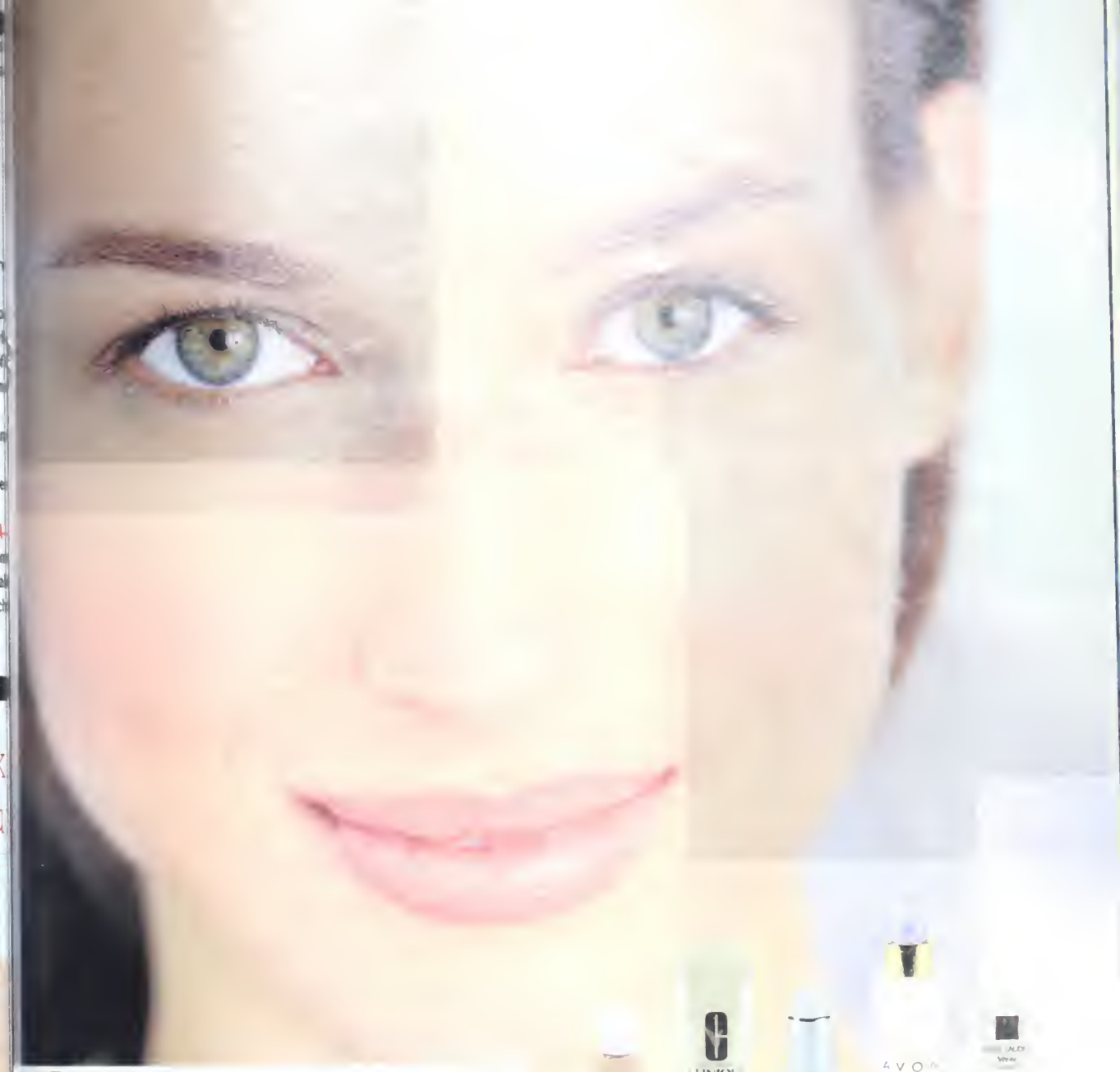
CLEANSING Always use a low-detergent cleanser like Jergens Moisturizing Creamy Cleanser, and, to restore skin's natural pH balance, follow up with an alcohol-free toner like Nivea Visage Alcohol-Free Moisturizing Toner. **ALL-DAY REPAIR** If your dry skin is also showing fine lines and wrinkles, a salicylic-acid treatment lessens their visibility. Try Almay Time-Off Revitalizer Daily Solution Pads or Oil of Olay Protective Renewal Lotion. **MAKEUP** Before applying foundation on dry skin, even out the texture with a gel primer so your base smooths on evenly. Apply Lancaster Light Enhancing Adaptive Foundation, Laur Mercier Foundation Primer or Ultin II Under-It-All Makeup Perfector before a moisturizing liquid base like Lancôme Optimum Age Minimizing Makeup or Revlon Age Defying Makeup with SPF 8. **BEFORE-BED ROUTINE** To help encourage new cell growth overnight, products containing Retinol, a vitamin A derivative, a a best bet. But if your skin is extremely dry and sensitive, lo for Retinyl Linoleate and Retiny Palmitate—two gentler forms o Retinol. Try Elizabeth Arden Ski Illuminating Complex. **EMERGENCY R_x** When your ski needs extra TLC, switch to a super-lubricating moisturizer like Chan Source Extreme Dual Benefit Complex with vitamin A. **ONCE-A WEEK REVIVER** Apply an emollie mask—try Bobbi Brown Essentia Intensified Moisture Mask, whic contains extra-conditioning almond oil and petrolatum.

Don't forget sunscreen: No matter what your sk type, the worst thing for it is exposure to the su

Oily

Visible improvement for this type of skin requires a combination of skin-freshening exfoliation and oil-removing products to minimize greasy appearance.

CLEANSING Start with a gel or acid cleanser to degrease the skin. Ponds Clear Solutions Deep Pore Foaming Cleanser with salicylic acid and ClearLogix Gentle Foaming Acne Cleanser with salicylic and glycolic acids are good choices. Over time, even oily skin can have a bout with dryness, so keep on hand a mild cleanser like Cetaphil or Neutrogena to alternate. In warmer weather, oily skin can feel slicker than ever; finish your cleansing routine with an oil-removing toner like Biotherm Matifying Astringent Lotion. **ALL-DAY REPAIR** Apply a mild glycolic/salicylic acid lotion (Neutrogena Multi-Vitamin Acne Treatment) to increase cell turnover. Most of these over-the-counter treatments are compatible with topical antibiotics prescribed to treat acne; check with your dermatologist. **MAKEUP** Prime the skin with an oil-absorbing undercoat like Clinique Sheer Matteness; choose an oil-free makeup like Maybelline Great Wear Oil-Free. Almay StayClean Shine Removing Facial Tissues let you touch up throughout the day without adding more makeup. **BEFORE-BED ROUTINE** For oily skin with occasional blemishes, cleanse, then repeat All-Day Repair treatment. For persistent, long-term acne, ask your dermatologist about prescription care such as Azelex, Benzamycin or Retin-A. **EMERGENCY R_x** Spot-treat blemishes with salicylic acid in ClearLogix Gentle Acne Spot Treatment, Origins Spot Remover or Prescriptives Blemish Specialist. **ONCE-A-WEEK REVIVER** Choose according to your skin's needs: an oil-removing, deep-cleansing mask like Elizabeth Arden clay-based Modern Skincare Clear The Way Mask. If your problem is a pore thing, try Pond's Clear Pore Strips to give the appearance of smaller pores in the T-zone.



Sensitive

Though dry and oily skin types do experience sensitivity from time to time, dermatologists define sensitive skin as skin that stings, turns red or develops a rash that lasts more than a half hour after applying products. Here's a regimen that goes easy on an easily irritated face:

CLEANSING Wash with a mild oil-free liquid cleanser or soap, such as Dove or Cetaphil (beware high-alkaline bars or AHA and BHA formulas). Two gentle ones to try: Lancôme Pur Douceur Gentle Cleansing Foam and Estée Lauder Vérité for Truly Sensitive Skin. **ALL-DAY REPAIR** Follow cleansing with a moisturizer containing soothing botanical extracts—chamomile, aloe vera—and water-attracting humectants like glycerin and lecithin, and antioxidant vitamins C and E like Avon Calming Effects Sensitive Skin lotion. **MAKEUP** Counteract ruddiness with a mauve or green toner cream (Physicians Formula Makeup Artist Palette Correct & Cover Perfecting Kit), then sponge on a silky foundation base like Cover Girl Clean Makeup or Almay Clear Complexion Compact Makeup. **BEFORE-BED ROUTINE** Try a super-emollient, hypoallergenic cream like Clarins Gentle Night Cream with botanicals or a prescription Renova formula specifically for sensitive and sun-damaged skin. **EMERGENCY R_x** When skin is extremely irritated, calm it quickly by blending on a 1% hydrocortisone product like Clinique Exceptionally Soothing Cream for Upset Skin or Bioelements Immediate Comfort Lotion. **ONCE-A-WEEK REVIVER** Spend five minutes with a mask that contains moisture-boosting humectants (look for sodium hyaluranate and glycerin on the label) to soothe skin. Try Clinique Skin Calming Moisture Mask.

bad headaches

fainting or dizziness

unusual fatigue

enlarged lymph nodes

chest pain

breast changes

Is it a valid health concer

on what t

tingling or numbness

frequent urination

pelvic pain

menstrual changes

sudden weight changes

chronic yeast infections

Symptoms That Should Send You To The Doctor

r hypochondria? Expert advice et checked out. By Amy Zintl

Kim Trusty, a singer and music teacher, now thirty-seven, started to worry about her health five years ago. She was constantly tired, suffered bad headaches, was always catching colds and had irregular periods with increasing pelvic pain. She also had no health insurance, due to a job change. "I just attributed everything to my crazy hours and ifestyle as a musician, working late and being on the oad a lot," she says.

After a year and a half, Kim decided to go to a local linic. Over the next two years, the staff there treated Kim for her various symptoms and tested her for a urinary tract infection, but they never ordered any blood ests, nor conducted a pelvic exam or Pap smear.

Kim's health worsened. She began a teaching job that offered health insurance, so she went to a new doctor. This general practitioner ordered blood tests and a mammogram right away, and discovered a benign lump in her breast. Then she sent Kim to a gynecologist, who performed a pelvic exam and Pap smear. The results looked suspicious, so she performed a uterine biopsy.

The tests revealed that Kim had advanced endometrial cancer. The colds and other symptoms took hold because her immune system was overwhelmed. She underwent a total hysterectomy last year.

Kim is now cancer-free and enjoying renewed energy. But, if her symptoms hadn't been ignored for so long, if she had seen a gynecologist sooner, she might have had a less drastic procedure that might have preserved her fertility. "It's hard to accept," she says. "I had wanted to have kids someday."

Unfortunately, it can be difficult to determine whether symptoms such as fatigue are caused by lifestyle, as Kim suspected, or by illness, as turned out to be the case. Naturally, we can't go running to the doctor with each sniffle or ache; on the other hand, early diagnosis is often critical to a good prognosis. So how do you know when to consult a doctor?

Experts say that there are warning signs for many conditions. "The key to a lot of these symptoms is when they don't go away, or when a chronic symptom changes," says internist Redonda Miller, M.D., assistant professor of medicine at Johns Hopkins School of Medicine, in Baltimore. "If you know you always get a headache two days before your period, but suddenly the headaches are more frequent, get it checked out by a physician."

Sometimes, symptoms worsen slowly over time, and it can be difficult to estimate their severity. Also, it's daunting to face a doctor's appointment when you suspect you have cancer. "The reason we all ignore symptoms is because we don't want anything to be wrong," says Marianne J. Legato, M.D., founder and director *(continued)*

"It's daunting to face a do
suspect you have cancer. We igno
because we don't want anythin

continued of the Partnership for Women's Health at Columbia University, in New York City.

Legato's rule of thumb: "If your car is getting more frequent checkups than you are, that's a danger signal. Don't dodge the possibility that you might need a little tune-up or surveillance from time to time." Regular checkups coupled with vigilance for the following symptoms will provide peace of mind. Here, our head-to-toe guide of signals that something may be wrong with your health.

1. Unusual Fatigue

Let's face it: Life today is exhausting for women, who juggle the responsibilities of family, home and career. Still, persistent extreme fatigue, which Legato describes as "feeling as though you're walking through water," is not likely to be caused by a fast-paced lifestyle. It may be a symptom of an underactive thyroid, anemia, fibromyalgia, Lyme disease, chronic fatigue syndrome or even low potassium. However, a common cause of extreme fatigue is depression (see "No Diagnosis?" right).

To determine if fatigue is caused by an illness, consider other symptoms: Achiness, stiffness or muscle pain can indicate Lyme disease or fibromyalgia; weight gain, sensitivity to cold and swelling in the front of your neck might indicate a thyroid problem; fever, swollen lymph nodes and difficulty concentrating could indicate chronic fatigue syndrome. To rule out lifestyle causes, make sleep a priority for a week or so to see if your fatigue abates.

2. Sudden Weight Change

The issue here is how much and how fast, says Miller, who describes "sudden weight loss" as unintentionally losing (without dieting or stepping up your exercise) more than ten pounds or 5 percent of your body weight in one to three months. She defines an unusual gain in weight as putting on more than twenty pounds over four to six months that you cannot attribute to an increase in food or a decrease in activity.

Check out some reputable Web sites, such as:
The American Medical Association at *www.ama-assn.org/consumer.htm*
The National Institutes of Health at *www.nih.gov*
The National Women's Health Resource Center at *www.healthywomen.org*

Both situations could point to thyroid disorders or d-betes. An overactive thyroid (hyperthyroidism) coul cause weight loss; an underactive thyroid (hypoth roidism) could cause a weight gain. Type I diabetes (us- ally diagnosed by age thirty) would cause a weight lo the more common variety, type II diabetes (also call adult-onset diabetes), can cause a weight gain.

In rare cases, a gradual enlargement of the abdom could indicate ovarian cancer, which can also cause a- dominal pain or may have no other symptoms. If you' ruled out other causes, discuss this possibility with yo gynecologist.

3. Fainting and Dizziness

Most of us experience occasional dizziness from stayi out in the sun too long or standing up too fast. A nu ber of minor conditions can cause fainting or dizziness well, including anxiety, low blood sugar, heat exhaustio dehydration and even emotional upset. But even if yo think you know the cause, head to the doctor right aw for tests and a treatment plan.

Recurrent episodes of dizziness or fainting should b reported to your doctor because they may indicate an a rhythmia (abnormal heart rhythm) or an adrenal pro lem. Adrenal glands, located on top of your kidney produce hormones that affect blood pressure, hea rhythm and other vital functions. If they aren't pumpi out enough of these hormones, you also may have sym toms such as weight loss, muscle aches and nausea.

If your dizziness can be described as vertigo (the sens tion that the world is spinning) and you also notice ringi in your ears, muffled or distorted hearing, or vomiting, yo may have a middle-ear infection or Ménière's disease, a inner-ear disorder with no known cause. See your doctor.

4. Bad Headaches

According to the National Headache Foundation, mo than forty-five million Americans suffer from chronic, r current headaches; each year, about seventeen million these suffer from migraines. If you have migraines, yo physician has treatments that can help.

It can be difficult to discern which headaches could b the sign of something serious. In general, if they differ fro a typical tension headache or are severe, unrelenting and d not respond to over-the-counter pain relievers, see a doctor

One cause of severe headaches is hypertension (hig blood pressure), a form of cardiovascular disease tha

or when your symptoms be wrong"

needs to be diagnosed and treated. One in four American adults has high blood pressure, which can also cause blurred vision, chest pain and shortness of breath.

Less common conditions such as meningitis or a bleeding aneurysm can also cause serious headaches. Other symptoms of meningitis, which is a bacterial or viral infection, are a stiff neck, fever, sensitivity to light and sometimes vomiting. An aneurysm often does not cause any symptoms until it begins to bleed, and then can induce fainting and "the worst headache of your life." "Those words are a warning sign to physicians everywhere," says Miller. "Even if the headache goes away after a day, see your doctor."

5. Breast Changes

The most common cause of breast changes is fibrocystic breast disease, a benign condition in which lumps, bumps, swelling and tenderness come and go each month. "We don't know specifically what causes it," says Kathleen Fitzgerald, M.D., a clinical assistant professor of obstetrics and gynecology at Brown University School of Medicine, in Providence, Rhode Island, "but it seems to be aggravated by caffeine intake and improved by vitamin E."

Performing regular self-exams can help you learn which lumps are normal for your breasts. But you should point out all lumps to your doctor. To increase the chances of catching breast cancer at an early, curable stage, get regular checkups that include clinical breast exams. Start getting annual mammograms at age forty (earlier if your mother, aunt or sister had breast cancer).

6. Chest Pain

Could it be a heart attack? Probably not for women in their thirties or forties with no [illegible] personal risk factors (such as high [illegible] or smoking).

A woman goes to the doctor and says, "It's all in my head." It has become a cliche because it happens so too often. Studies prove that women's medical complaints are not investigated as aggressively as men's, so keep track of your symptoms, do your research into possible causes and ask your doctor about tests until you are satisfied with the diagnosis and treatment plan.

But don't be too quick to rule out a psychological cause. Persistent physical symptoms such as headaches, extreme fatigue, digestive disorders and chronic pain that do not respond to treatment can be a sign of depression, a clinical illness that strikes one in ten adults in the U.S. each year. Women are twice as likely to suffer from it as men, and researchers estimate that primary-care doctors miss depression in one third to one half of affected patients. Even when it is properly diagnosed, most sufferers do not get adequate help.

While life always has its emotional ups and downs, if the downs are long-lasting or interfere with your ability to function, it could be a case of clinical depression. "If you feel unable to get out of bed for several weeks, something is wrong," says Marjorie Braude, M.D., a psychiatrist in Los Angeles. Depression can be ongoing or come in recurring episodes, which may last for as long as nine months. Symptoms can include a continuous sad, anxious, "empty" or suicidal mood; loss of interest or pleasure in usual activities, including sex; sleeping too much or too little; loss of appetite or overeating; weight loss or weight gain; and difficulty concentrating, remembering or making decisions.

Fortunately, depression disorders are also very treatable with medication and counseling, says Braude. "Too many women accept being unhappy as a part of normal life," she says.

[illegible] while most [illegible] under women [illegible] usually but [illegible] women [illegible] all facts for [illegible] and [illegible] events. [illegible] to know that [illegible] of a heart attack are often [illegible] common than for men. Women [illegible] men include chest or upper [illegible] pain or pressure that lasts [illegible] minutes or more, does not [illegible] with rest or change of position, and may radiate into the jaw, neck or down the left arm. Also watch for shortness of breath, extreme sweatiness, nausea or unexplained anxiety. Some women may not experience pain, but rather indigestion, trouble breathing or a sick feeling between their breasts that runs into their back, stomach or underarms. If you have any of these symptoms, get medical help immediately—especially if you have risk factors for heart disease.

Other types of chest pain may point to a muscular or skeletal disease, panic attacks, or most often an acid or ulcer disease, such as acid reflux. All of these conditions warrant medical attention. With acid or ulcer conditions, a burning chest pain will usually be accompanied by a bitter taste in your mouth, particularly after meals, and the symptoms will worsen when you lie down.

7. Tingling or Numbness

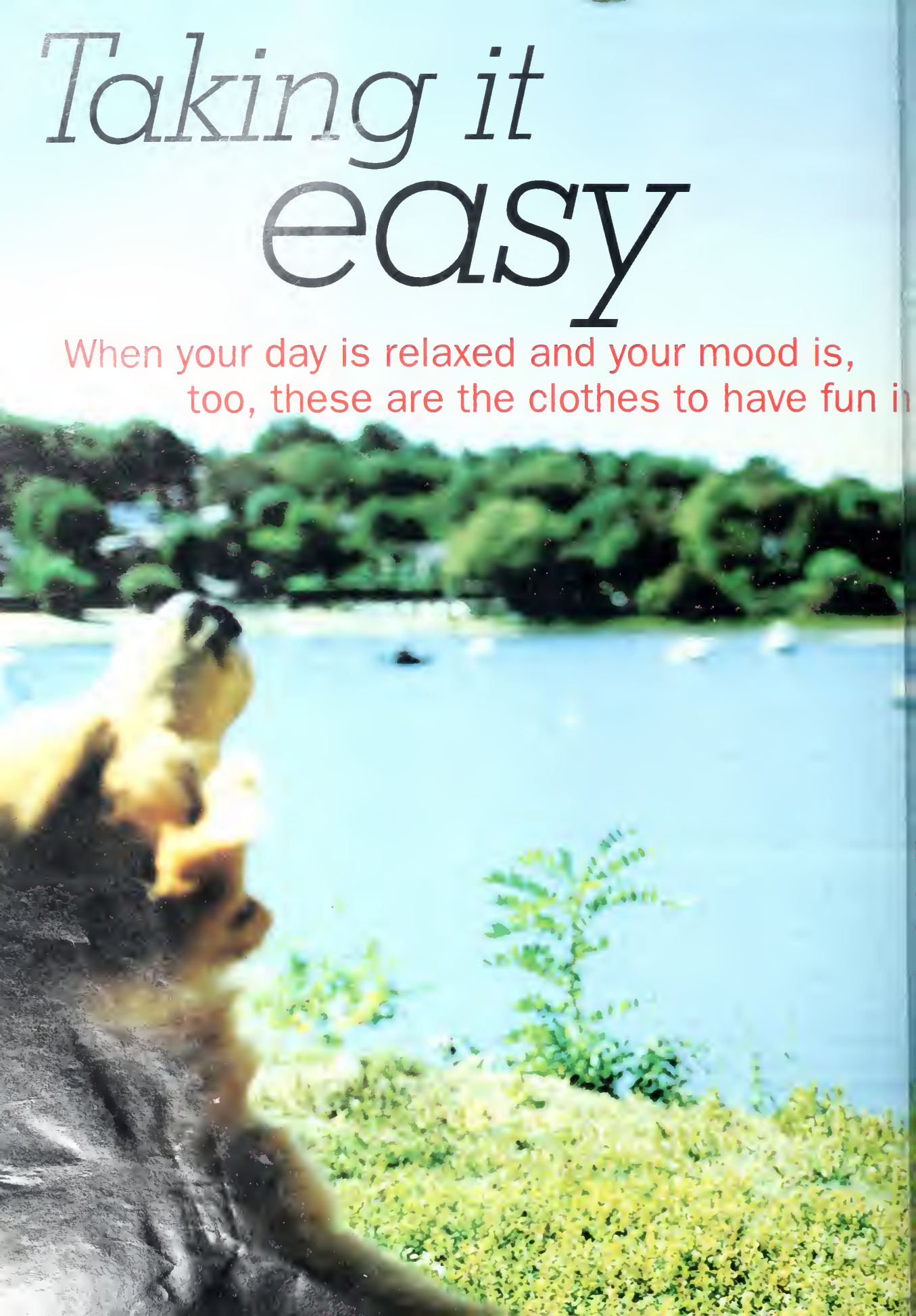
A feeling of tingling or numbness in your arms, legs, hands or feet that lasts up to a few minutes can be a sign of a panic or anxiety attack. However, if the numbness persists for more than twenty minutes, you need to have a physician check for a repetitive strain injury (such as carpal tunnel syndrome), hypothyroidism, multiple sclerosis, nerve damage from a vitamin B_{12} deficiency or a stroke.

While stroke is uncommon for women under age fifty, it can happen. Other symptoms include weakness on the same side as the tingling and numbness; trouble with speaking, swallowing and coordination; and vomiting not from food poisoning or an illness. If you suspect a stroke, get to the emergency room.

With repetitive strain injuries or multiple sclerosis, tingling and numbness can appear on one or both sides of the body. Hypothyroidism or a *(continued on page 168)*

Taking it easy

When your day is relaxed and your mood is, too, these are the clothes to have fun i





VESTED INTEREST

All the elements of fun and functional casual style: Here, it begins with neutral khaki cargo pants and a white thermal tee, and ends with a bright vest, this season's trendy topper. For the ultimate wearing ease, look for sports-inspired details such as stretch waistbands and fabrics, drawstrings and Velcro closures. On her: pants ($79) and tee ($29), Club Monaco; sweatshirt, Tommy Hilfiger, $50; vest, cK Calvin Klein Jeans, $88. On him: henley, L.L. Bean, $22; jacket ($89) and jeans ($70), Patagonia.





SIMPLY BEAUTIFUL

When your clothes are [illegible] casual, an overly [illegible] face looks a bit [illegible] bare. While you may [illegible] to go completely au [illegible] here's a formula [illegible] up without a fuss. [illegible] products that [illegible] without [illegible] start with [illegible] color suited [illegible] foundation, [illegible] looks a [illegible] for Revlon [illegible] Makeup and Concealer [illegible] compact. Get a [illegible] with Estée Lauder [illegible] Natural CheekCreme in [illegible] Session, and a rose-tan [illegible] lip balm like Almay Stay Smooth Anti-Chap Lipcolor in Bashful Stick. On eyes, stick to soft eye pencils and cream shadows in muted shades like taupe or camel for no-fuss definition. Try Ultima II Beautiful Nutrient Nourishing Cream Eyecolor in Mushroom, or Clinique Smudgesicles in Honey Bare. Top it off with a one-coat brown mascara like Cover Girl Natural Lash Darkener. Left: Polo Sport acrylic sweater, $88.

STYLE TO GO

An ankle-grazing drawstring skirt and a chunky, cropped turtleneck topped with a wool baseball jacket are perfect for a casual day at home or in the office. Hiking boots or clogs keep the look sporty; to dress it up a bit, wear a sleeker cropped boot with tights. On her: cK Calvin Klein merino turtleneck, $188; Warehouse jacket, $68; Esprit cotton skirt, $58; Flunstone boots, $130; Fox socks. On him: L.L. Bean henley, $22; Patagonia jacket, $97; Old Navy corduroy pants, $30.



CLASSIC COMBO

Nothing feels better than your favorite jeans and a sweater. The trend in denim now is dark blue dye, so your jeans look sharp while they keep you comfy. Even the traditional Fair Isle sweater gets updated with bold colors and dramatic patterns. Sweater ($150) and jeans ($98), Polo Jeans Co., Ralph Lauren; DKNY sneakers, $52.

THAT FLEECE FEELING

Fleece has always been cozy, but now it's cutting-edge, with new body-hugging, better-fitting silhouettes. Here, fleece goes long on style with an ankle-length drawstring skirt that feels as comfortable as wrapping yourself up in a favorite blanket. DKNY polyfleece skirt, $72; Lauren by Ralph Lauren cotton polyfill jacket, $168; Old Navy microfiber top, $19.50; L.L. Bean CoolMax socks, $14; Casio Futurist watch, $49.95.



MORTON SALT
Umbrella Girl

by Nancy Leslie

A porcelain doll portraying one of America's best-loved little girls!

Back in 1914, Morton Salt introduced a heartwarming trademark symbol, the image of a little girl in the rain, oblivious to the trail of salt spilling from a Morton® Salt carton under her arm.

Now, you have the opportunity to acquire the *first-ever officially authorized* porcelain doll to re-create the original umbrella girl!

Masterfully sculpted; hand-tailored attire.

In the *Morton Salt Umbrella Girl*, acclaimed doll artist Nancy Leslie has translated a vintage advertising illustration into an enchanting collector doll. The doll's head, arms and legs are crafted of fine porcelain, and her lovingly re-created outfit is hand tailored. The *Morton Salt Umbrella Girl* comes complete with her big yellow umbrella and open Morton® Salt carton.

Attractively priced; satisfaction guaranteed.

Available exclusively from the Danbury Mint, the *Morton Salt Umbrella Girl* is priced at just $124, payable in four convenient monthly installments of $31*. Your satisfaction is guaranteed. Order today!

*Plus $2.25 shipping and handling per installment

RESERVATION APPLICATION

The Danbury Mint
47 Richards Avenue
Norwalk, CT 06857

Send no money now.

MORTON SALT
Umbrella Girl
by Nancy Leslie

Yes! Please reserve the *Morton Salt Umbrella Girl* for me as described in this announcement.

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City _____ State _____ Zip _____

Telephone (_____) _____

Signature _____

All orders subject to acceptance

*Plus usual payment for shipping

9801FLH1

When it rains it pours™...



Shown much smaller than actual size of 18" in height.

Handcrafted umbrella and salt carton included at no extra charge.

Morton, the UM... GIRL DESIGN and ... IT RAINS IT POU... trademarks of ... Internation... an Indiana corpo... and are repr... by perm...

legendary
hampion



Shown much smaller than actual size of 8¼" in diameter.

ecretariat

Susie Morton

A numbered limited-edition collector plate trimmed with 23kt gold

tariat. Few names in horse racing as revered. He was an extraordinary npion, as breathtakingly graceful e in a field as in full stride on the k. In 1973, his sculpted legs and erful back carried him to win horse ng's ultimate prize, the Triple Crown to become one of the greatest rs of all time. Now, acclaimed equine r Susie Morton portrays Secretariat porcelain collector plate available usively from the Danbury Mint. Secretariat" is limited to a maximum ring days. Each plate will be 23kt gold and accompanied by Certificate of Authenticity. And the price is just $29.90, payable in two convenient installments of $14.95 each, with the first billed prior to shipment.

No Obligation — No Risk

You can acquire Secretariat with no risk. Once you receive your plate, you may examine it carefully for 30 days. If you are not delighted with it for any reason, return it for a full refund. No questions asked.

Reserve your plate today. Send no money now. Just mail the application. We will bill you when your plate is ready to be sent.

the Danbury Mint

Please Reply Promptly

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P.O. Box 4949
Norwalk, CT 06857

EHP1F108

Limit: two plates per collector

Please reserve for me Secretariat, as described in this announcement. I will be billed for ____ of the 29 plates.

Name _____

Address _____

City _____

State/Zip _____

Signature _____

LHJ EXCLUSIVE

The New American



Home



It's beautiful inside and out, but this year our show house is especially striking for the way it makes living easy

Produced By Kimberlie A. Waugh



Storage to spare: The kitchen's [illegible] cabinets reach to the ceiling, while the center island features Plexiglas bins for displaying colorful [illegible]

■ Fantasy meets practicality. That's the best way to describe this year's New American Home. Created by LHJ and a team of building and design-industry experts—Landstar Homes, the Dahlin Group, the National Association of Home Builders, the National Council of the Housing Industry and *Builder* magazine—this Dallas show house is a contemporary castle that's also eminently livable. In it, modern design features—an open floor plan, lofty ceilings, expansive windows, rooms wired for the latest technology—mix easily with traditional elements such as exposed stone and timber, rich colors, and furnishings hand-finished for character. The results are both breathtaking and welcoming. This home has every luxury you could dream of, but with no hint of stuffiness.

The fanciful exterior, all turrets and steep peaked roofs, suggests the discoveries that await inside. Sure enough, the cylindrical foyer, with its geometric windows, double-vaulted ceiling and staircase trimmed in wrought *(continued)*







top trends on the home front

- Wallpaper that resembles fabric, such as flannel and damask, or natural building materials, like stone.
- Painted wood furniture. Rubbed, crackled and trompe l'oeil finishes, as well as country-color washes, are particularly popular right now.
- Mixing wood-tone and color cabinetry. This creates visual depth and gives the impression pieces have been collected over time.
- Wrought-iron lighting and fans.
- Open-flow floor plans. Not only do these suggest spaciousness, they also make for easy travel from room to room.



The beautiful wraparound patio even has its own fireplace. Wicker furniture by Lloyd/Flanders, fireplace

(continued) iron, is a dramatic introduction to the house's 3,858-square-foot interior.

In the light-flooded common room downstairs, stone surfaces adjoin walls that seem to be made up entirely of windows, taking full advantage of the gorgeous setting. (Built beside a golf course, the house is surrounded by green.) To enhance the soaring spaces while also bringing them into personal scale, designers Michael Foster of New York and Janet B. Lohman of Los Angeles have used a palette of deep colors—crimsons, bronzes, creams, dusty greens—and inviting textures. Upholstered pieces are covered in sumptuous fabrics such as leather, velvet and linen. Atop herringbone-patterned oak floors, wool rugs are layered over sea-grass matting. Whimsical wrought-iron lamps, chandeliers and ceiling fans have the charming character of flea-market finds. Extra chairs and tables are painted and rubbed until they look like beloved family heirlooms.

"The house's open, rambling layout really works for everyday living," says Foster. "Rooms flow gracefully into one another, and you could easily entertain one hundred people here. Yet it's never overwhelming—there are cozy spots throughout."

The open layout also allows rooms to serve several functions. The dining room, for instance—part of a very contemporary "great room" that incorporates living and dining spaces—is hardly a company-only area. Certainly, the generous table accommodates elegant meals with panache, but it lends itself to a host of more casual activities as well, from homework to family board games to reading the morning newspaper—there's plenty of room to spread out.

In the kitchen, cooks and their helpers can work efficiently, and have lots of fun in the process, surrounded by state-of-the-art conveniences such as restaurant-style appliances and a computer that provides cooking tips on CD-ROM. These modern tools look right at home offset by sleek, maple stained cabinetry and touches of bright, contrasting color—the French blue of the center island and the cheery multicolored tile backsplash. Of course, there's room for a breakfast table too, *(continued)*

n the living and dining rooms, the walls have been glazed to look burnished. Hardware paint and Plaid Enterprises' decorative glazes and finishing tools were used. The leather sofa, by Flexsteel, leather by Lackawanna Leather, and velvet seat cushions by Robert Allen provide a textural contrast to the one-of-a-kind painted furniture, by Habersham Plantation. Below: The dining table can host a variety of family activities

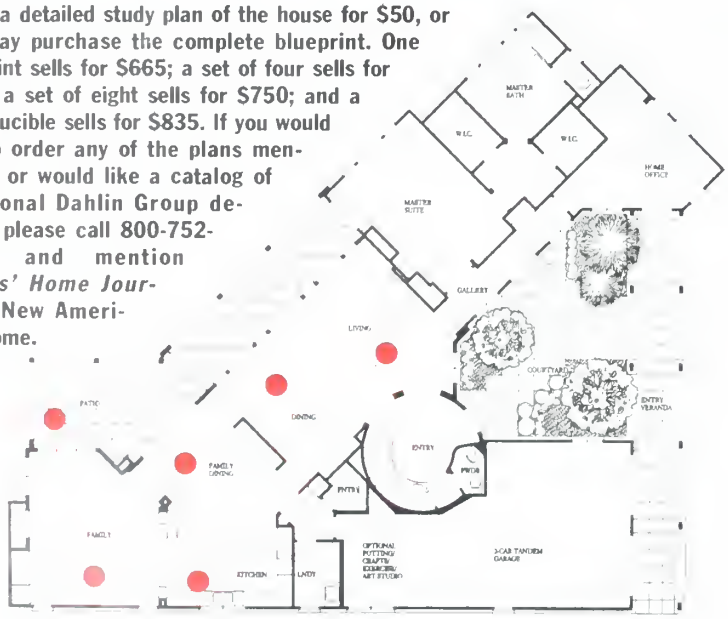


The home's openness is perhaps its best feature. It feels grand—and yet there are plenty of spots that are cozy





The rooms featured on these pages are marked with a red dot on the floor plan for the New American Home. By special arrangement with the Dahlin Group, you can purchase a detailed study plan of the house for $50, or you may purchase the complete blueprint. One blueprint sells for $665; a set of four sells for $710; a set of eight sells for $750; and a reproducible sells for $835. If you would like to order any of the plans mentioned or would like a catalog of additional Dahlin Group designs, please call 800-752-6728 and mention *Ladies' Home Journal*'s New American Home.



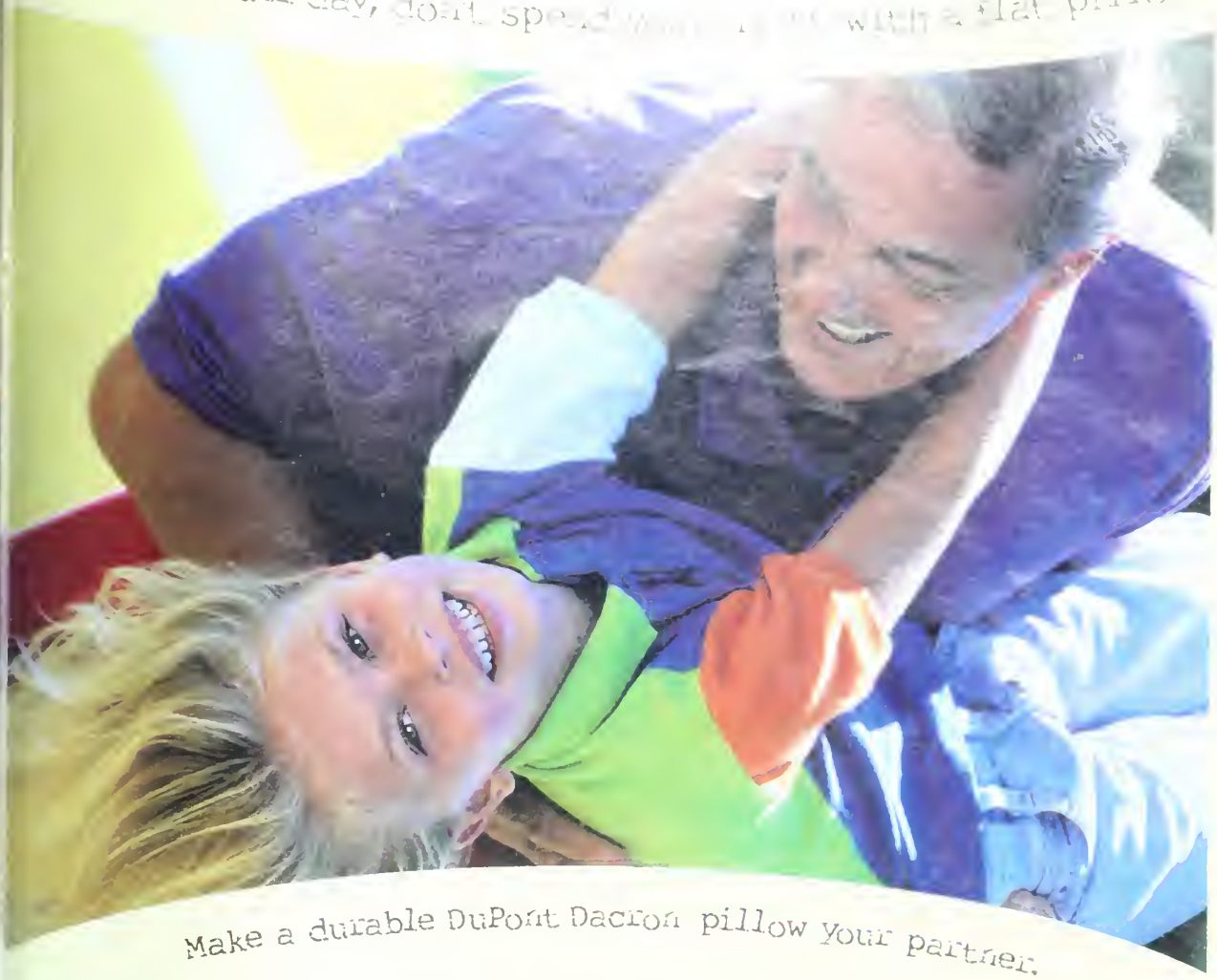
(continued) and a wooden hutch offers extra storage and display space. Like the island, the hutch is a thoroughly modern built-in that looks as though it has been passed down for generations. Along one wall, an opening over the counter links the kitchen with the adjacent family room.

"This is reminiscent of old-world European design with a modern use of space," says Lohman. "Each space is a surprise—dramatic and intimate at the same time. But most of all, the house is comfortable. These are rooms you can enjoy living in." —*Janet Bailey*

Next month, in Part II, we visit the home's bedrooms, home office and upstairs play area.

Kim Dawson Model ... Kateln Kelly Taylor Boyken at for Kim Dawson ... upholstery fabric Robert Allen upholstery ... Flexsteel industries upholstery fabric ... kitchen appliances ... kitchen and dining accessories place mats and napkins ... roman shades ... Nourison decorative paint ... Quorum International ... Threads of Time most antiques Uncommon Market ... Special Arts Gallery custom framing for artist photographs ... KraftMaid cabinetry ... countertops Wilsonart ... Stone Corporation decorative painters Faith Walk Designs ... TV/Video CD ... fireplace Heat-N-Glo ... sea-grass flooring ... Details, page 160

To enjoy a full day, don't spend [illegible] with a flat pillow.



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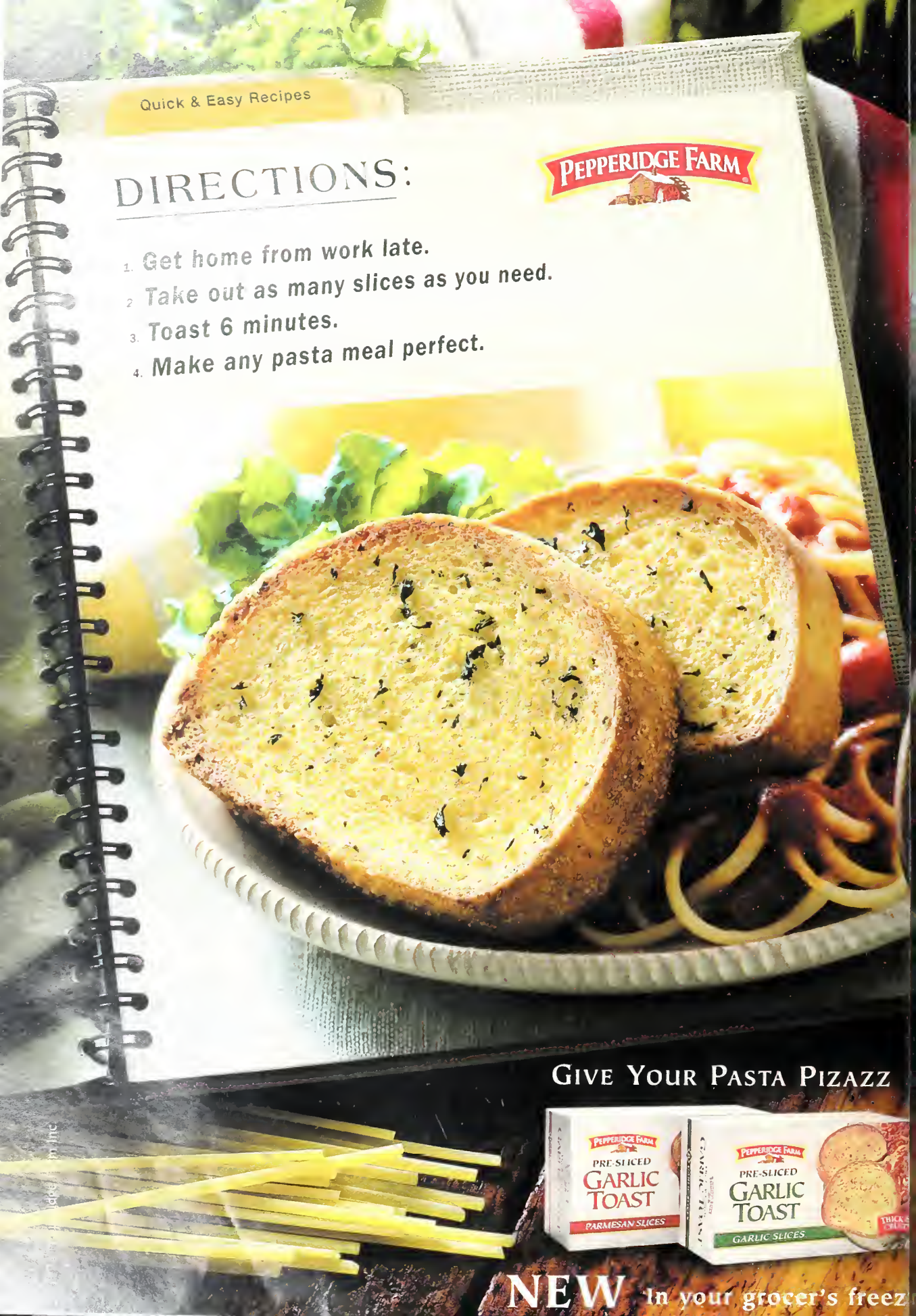
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Quick & Easy Recipes

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FOOD

JOURNAL



Mushrooms and Barley over Greens



Chicken-Nut Salad

QUICK MEALS



Warm Potato-and-Shrimp Salad

These **warm winter salads** will chase away winter's chill, but for days you crave something heartier, try our **best beef** recipes ever. We're also serving up trendy **beans** and slimmed-down **fish 'n chips**. Last but not least, a fantastic finale: **perfect chocolate cake**

Chicken-Nut Salad

This crunchy coated warm chicken salad, topped with charred onion and corn, has a nutty-sweet flavor.

Prep time: 15 minutes. **Baking time:** 12 to 15 minutes
Easy

½ cup shelled pistachio nuts, finely ground
Salt and pepper
4 boneless, skinless chicken breast halves (1¼ lbs.)
2 tablespoons olive oil, divided
1 medium sweet yellow onion
1 ear fresh corn, kernels cut off, or ½ cup frozen corn, thawed

Dressing
1 large ripe avocado, pitted and peeled
3 tablespoons olive oil
3 tablespoons fresh lime juice
1 tablespoon water
½ teaspoon salt
⅛ teaspoon pepper

1 head romaine lettuce, sliced

1. Heat oven to 375°F. Combine nuts with ½ teaspoon salt and ⅛ teaspoon pepper in pie plate. Press smooth side of chicken into nuts. Heat 1 tablespoon oil in ovenproof skillet. Add chicken, nut side down, and cook 2 minutes per side. Bake until cooked through, 12 to 15 minutes.
2. Dice one half cup onion. Grate 1 teaspoon from the remaining onion; set aside. Heat remaining oil in nonstick skillet over high heat. Add diced onion, ¼ teaspoon salt and ⅛ teaspoon pepper. Cook until onion is lightly charred. Add corn and cook 2 minutes.
3. *Make dressing:* Puree grated onion and remaining ingredients in blender. Line 4 serving plates with romaine. Slice chicken and arrange a breast on each plate. Top with corn. Serve with dressing. Makes 4 servings.

Per serving: 505 calories, 34.5 g total fat, 5 g saturated fat, 99 mg cholesterol, 944 mg sodium, 21 g carbohydrates, 46 g protein, 101 mg calcium, 6 g fiber

Mushrooms and Barley over Greens

Quick-cook barley and meaty portobello mushrooms make this salad a hearty meal. We used frisée, also known as French endive, for the salad greens. Chicory (related to endive) will work just as well.

Prep time: 15 minutes. **Baking time:** 15 minutes
Easy, Low-calorie

Dressing
½ cup balsamic vinegar
2 teaspoons brown sugar
3 tablespoons extra-virgin olive oil
¾ teaspoon salt
½ teaspoon minced garlic
¼ teaspoon ground pepper

4 large portobello mushroom caps (about 1¼ lbs.)
1 cup quick-cook barley
½ cup diced carrots
1 pound frisée or chicory salad greens

1. *Make dressing:* Bring vinegar and sugar to a boil in saucepan; boil 3 minutes until mixture is reduced to ⅓ cup. Whisk in remaining ingredients.
2. Heat oven to 425°F. Scrape gills from mushroom caps and discard. Arrange mushrooms smooth side up on a cookie sheet. Remove 2 tablespoons dressing to a cup and brush over tops of mushrooms. Bake 15 minutes. Cover with foil.
3. Meanwhile, cook barley according to package directions. Add the carrots during the last 3 minutes of cooking time. Slice mushrooms; toss with barley and ¼ cup of the dressing. Toss salad with remaining dressing. Divide among 4 serving plates; top with barley-and-mushroom mixture. Makes 4 servings.

Per serving: 300 calories, 12 g total fat, 1.5 g saturated fat, 0 mg cholesterol, 500 mg sodium, 44 g carbohydrates, 9 g protein, 136 mg calcium, 8 g fiber

WINTER SALADS

New Veggie on the Block

Coming to a greengrocer near you: broccolini (also known as asparation), a cross between broccoli and Chinese kale (it actually tastes like a cross between broccoli and asparagus). Broccolini has long, slender stalks topped with tiny flowering buds—all of which is edible, even raw. But broccolini has a milder, sweeter flavor when cooked. Boil, stir-fry, microwave or grill just until bright green and tender. Serve hot or chilled.



Warm Potato-and-Shrimp Salad

Food Editor's Favorite

Yukon gold potatoes make a memorable potato salad, and they blend beautifully with this delicious mustard dressing.

Prep time: 10 minutes. **Cooking time:** 20 minutes
Easy, Low-calorie

1½ pounds medium Yukon gold or red potatoes
2 teaspoons salt
1 pound medium shrimp, shelled and deveined

Dressing
1 medium red onion
¼ cup whole-grain mustard
3 tablespoons extra-virgin olive oil
3 tablespoons sherry vinegar
1 tablespoon water
2 teaspoons sugar
¾ teaspoon salt

1 bag (10 oz.) European blend or spring mix salad greens

1. Bring potatoes, salt and enough cold water to cover to boil in large saucepan. Boil 20 minutes, just until fork-tender. Add shrimp to potatoes; cook just until shrimp are pink. Drain potatoes and shrimp.
2. *Make dressing:* Meanwhile, finely chop 1 tablespoon onion. (Thinly slice remaining onion for the salad.) Combine chopped onion and remaining ingredients in bowl. Chop ½ cup cooked potato. Add to dressing.
3. Toss greens and sliced onion with ⅓ cup dressing. Slice remaining potatoes. Divide greens among 4 plates. Top with potatoes and shrimp; drizzle with remaining dressing. Makes 4 servings.

Per serving: 375 calories, 12.5 g total fat, 2 g saturated fat, 140 mg cholesterol, 1,647 mg sodium, 39 g carbohydrates, 23 g protein, 109 mg calcium, 4 g fiber

Recipes by Cynthia DePersio

for the [illegible] and
[illegible]arty I

snacker
it's a means
to
ROCK your cracker.....
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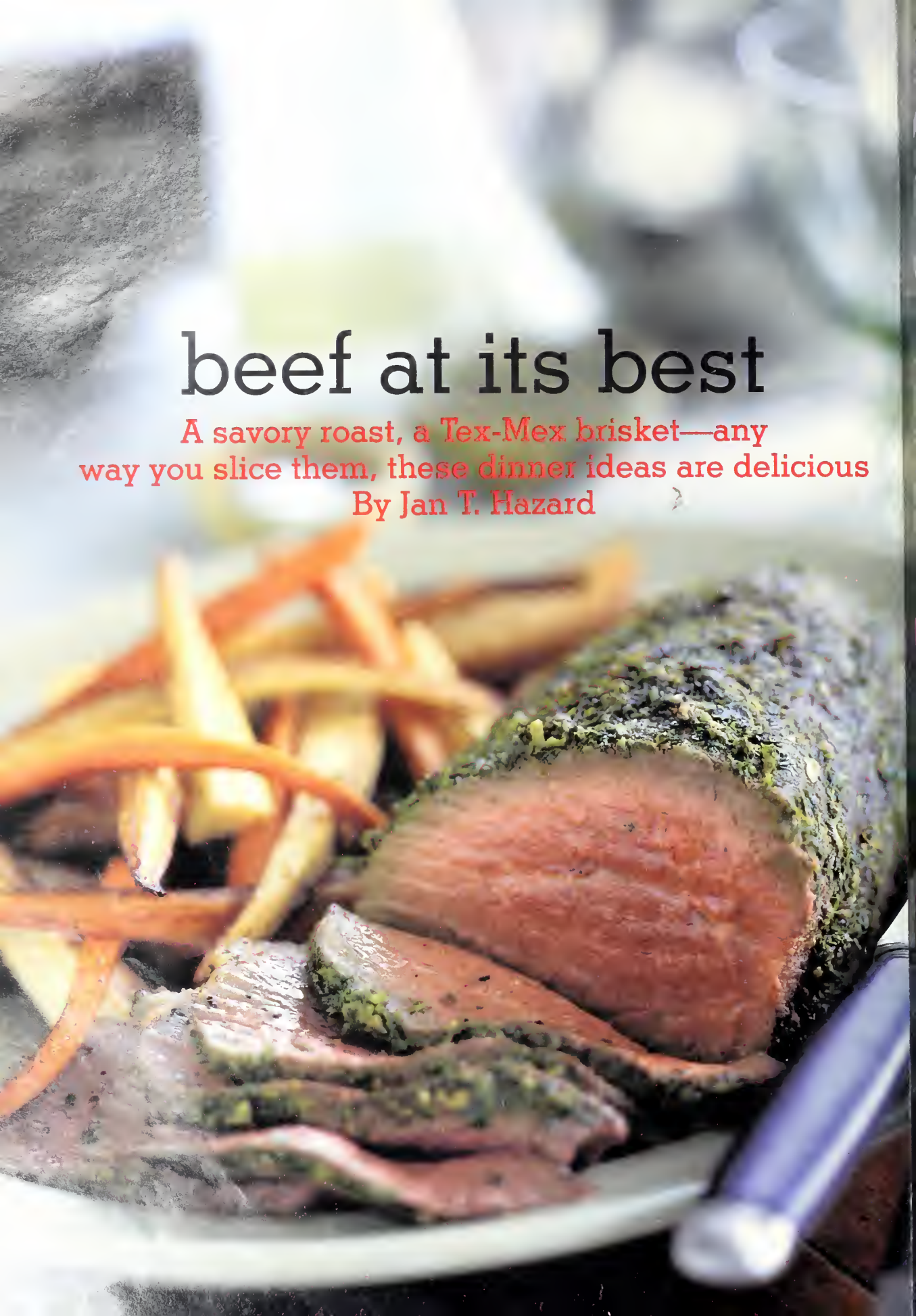
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It's round. It's around
just pick it up and lay it down
Whatever your snack, be your... Pep it up.™

beef at its best

A savory roast, a Tex-Mex brisket—any way you slice them, these dinner ideas are delicious

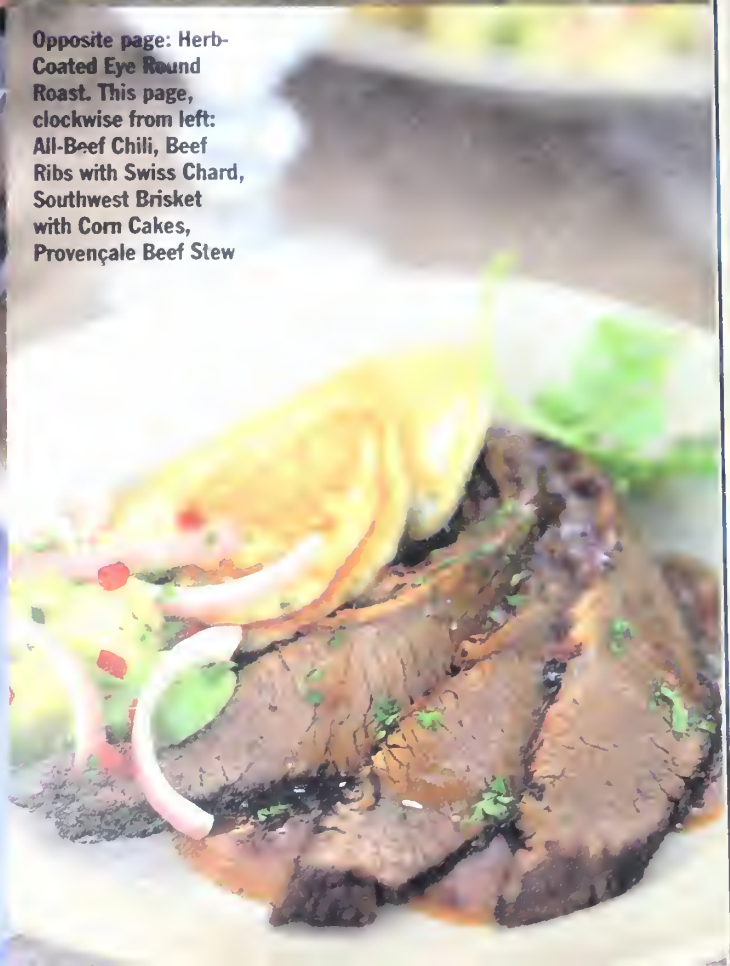
By Jan T. Hazard











Opposite page: Herb-Coated Eye Round Roast. This page, clockwise from left: All-Beef Chili, Beef Ribs with Swiss Chard, Southwest Brisket with Corn Cakes, Provençale Beef Stew

beef at its best

ALL-BEEF CHILI

Here's the easiest way to make homemade chili! Our pot of hot stuff takes just minutes to assemble, and then you can step away while the ground beef, dried chiles, tomatoes, cumin and garlic slowly simmer. Masa harina (a flour made from finely ground dried corn) thickens the chili and gives it a subtle roasted-corn flavor.

Prep time: 20 minutes
Cooking time: 1 hour and 15 minutes
Easy

*3 ancho chiles**
4 teaspoons olive oil, divided
2½ pounds ground round (or 2 pounds chuck shoulder cut into ¾-inch cubes†)
2 cups chopped onions
4 cloves garlic, chopped
1 tablespoon cumin
¾ teaspoon salt
2 tablespoons chopped jalapeño chile
1 tablespoon tomato paste
2 cans (14½ oz. each) chicken broth
*¼ cup masa harina***
Sour cream, lime wedges, warm flour or corn tortillas, sliced green onions, dried red pepper and shredded cheese, for garnish

1. Place anchos in a medium bowl; add enough hot water to cover. Let stand until softened, 15 to 20 minutes. Drain chiles; discard seeds and stems. Finely chop and set aside.
2. Meanwhile, heat 2 teaspoons oil in medium Dutch oven over high heat. Brown half the beef, about 5 minutes. Transfer to plate with slotted spoon. Discard all but 2 teaspoons drippings, then brown remaining beef.
3. Discard drippings; wipe out bottom of pan with paper towels. Add remaining 2 teaspoons oil to Dutch oven. Cook onions, garlic, cumin and salt over medium heat until onions soften, 8 to 10 minutes. Stir in chopped anchos and jalapeño; cook 1 minute, until jalapeño softens. Add beef, tomato paste and broth. Add masa harina and stir well. Bring to boil. Reduce heat; cover and simmer 1 hour 15 minutes, until chili has thickened. Serve with sour cream, lime wedges, tortillas, green onions and shredded cheese, if desired. Makes 8 servings.

† *To make chili with cubed beef:* Follow directions above, *except* brown half the beef, 5 minutes. Transfer to plate with slotted spoon. Add *1 teaspoon olive oil* to drippings and brown remaining beef. Simmer chili, partially covered, 1½ to 2 hours, until beef is fork-tender.

*AVAILABLE IN MANY SUPERMARKETS OR FROM OLE TODAY–HOT TAMALE CO. 469-[illegible]-7827.

**MASA HARINA CAN BE ORDERED FROM THE BAKER'S CATALOGUE, 800-827-6836. OR MAY BE AVAILABLE IN THE SUPERMARKET.

Per serving with ground beef, without garnishes: 365 calories, 23 g total fat, 8 g saturated fat, 87 mg cholesterol, 751 mg sodium, 11 g carbohydrates, 29 g protein, 40 mg calcium, 2.5 g fiber

Per serving with cubed beef, without garnishes: 245 calories, 11 g total fat, 3 g saturated fat, 69 mg cholesterol, 753 mg sodium, 11 g carbohydrates, 27 g protein, 40 mg calcium, 2.5 g fiber

BEEF RIBS WITH SWISS CHARD

Ribs aren't just for barbecue: Bone-in cuts of beef add exceptional flavor to soups and stews as well. Slow-cooked and paired with Swiss chard, winter squash and pasta, these bite-sized riblets simply melt off the bone—the perfect casual winter meal.

Prep time: 40 minutes
Cooking time: 1 hour 55 minutes to 2 hours 20 minutes
Easy

3½ pounds beef chuck flanken style ribs, well trimmed of fat
¼ teaspoon salt
¼ teaspoon pepper
1 bunch (½ lb.) Swiss chard
4 teaspoons olive oil, divided
3 leeks, white part only, chopped
3 cloves garlic, crushed
1 teaspoon fresh thyme leaves or ½ teaspoon dried
½ cup white wine
1 carrot, chopped
1 tablespoon tomato paste
4 cans (14½ oz. each) chicken broth
1 acorn or butternut squash (1½ lbs.) peeled, seeded and cut into ½-inch pieces
½ cup tubetti pasta (elbow macaroni)
Fresh thyme sprigs, for garnish

1. Between the bones of each rib rack, cut single ribs. Sprinkle ribs with salt and pepper.
2. Strip the green leaves from the white stalks of the Swiss chard. Separately chop the leaves and the white stalks. Set both aside.
3. Heat a large Dutch oven over medium heat, 2 minutes. Add 2 teaspoons oil and cook half the beef until well browned on both sides, 5 to 8 minutes. Transfer beef with slotted spoon to a large plate. Repeat process with remaining beef and drippings.
4. Discard drippings; wipe out bottom of Dutch oven with paper towels. Heat remaining 2 teaspoons oil over medium heat. Add leeks, garlic and thyme; cook until leeks soften, 3 to 5 minutes. Stir in wine and cook until wine just evaporates, 2 minutes. Add carrot and chard stalks and cook until vegetables begin to soften, 3 minutes. Stir in tomato paste and broth and bring to boil. Reduce heat and simmer, partially covered, skimming any fat from top of broth, until meat is fork-tender, 1½ to 2 hours.
5. Remove beef with slotted spoon; set aside. Strain broth through a large strainer lined with cheesecloth over a large bowl. Discard vegetables. In batches, remove fat from broth with a gravy separator, then carefully return broth to Dutch oven. Add squash and simmer until just tender, 15 to 20 minutes. Add tubetti and chard leaves; cook 5 minutes, stirring occasionally. Return beef to Dutch oven and cook 5 minutes more, until meat is heated through. Spoon into 4 shallow serving bowls. Garnish with fresh thyme sprigs, if desired. Makes 4 servings.

Per serving: 550 calories, 25 g total fat, 8.5 g saturated fat, 96 mg cholesterol, 2,184 mg sodium, 43 g carbohydrates, 39 g protein, 152 mg calcium, 8 g fiber

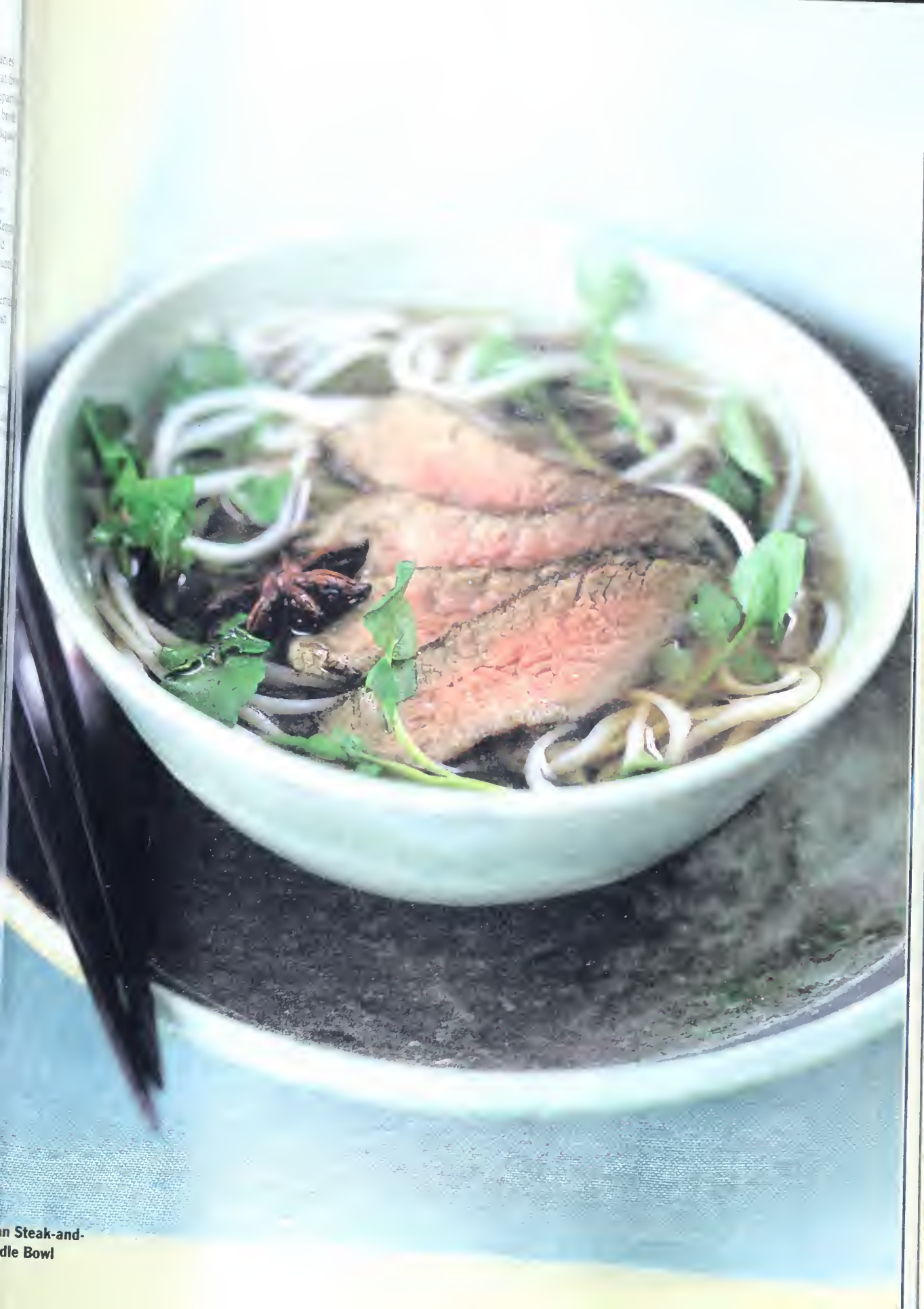
MEATLOAF WITH ROASTED-PEPPER SAUCE

Meatloaf never goes out of style, and this one, with ground chuck, roasted garlic, bell pepper and zucchini, has outstanding moistness and flavor. If you like, you can mix the ingredients in the loaf pan and make and refrigerate the roasted-pepper sauce a day ahead.

Prep time: 35 minutes plus 5 minutes standing time
Baking time: 1 hour to 1 hour 15 minutes
Easy

3 red bell peppers
2 large cloves garlic, unpeeled
Meatloaf
1 tablespoon olive oil
1 medium zucchini, shredded
1 medium onion, chopped
1 teaspoon salt, divided
1 tablespoon finely chopped garlic
3 slices firm white bread, cut into pieces
2 large eggs
2 tablespoons chopped fresh parsley
2 teaspoons chopped fresh thyme or ½ teaspoon dried
¼ teaspoon freshly ground pepper

(continued)



n Steak-and-
dle Bowl

1 pound lean ground chuck
1 pound ground sirloin

Roasted-Pepper Sauce
½ cup chicken broth
2 teaspoons chopped fresh parsley
½ teaspoon chopped fresh thyme
½ teaspoon salt
¼ teaspoon freshly ground pepper

Mashed potatoes, steamed zucchini and yellow squash (optional)



Meatloaf with Roasted-Pepper Sauce

1. Heat broiler. Place bell peppers and garlic on foil-lined cookie sheet. Broil 6 inches from heat, 14 to 18 minutes, turning occasionally, until evenly charred. Wrap foil around vegetables; let stand until cool. Peel garlic and peppers. Remove seeds from peppers.
2. Meanwhile, turn off broiler and heat oven to 350°F.
3. *Make meatloaf:* Heat oil in large skillet over medium-high heat. Add zucchini and onion; cook 2 to 3 minutes, until browned. Sprinkle vegetables with ½ teaspoon salt; add chopped garlic and cook, stirring, 1 minute more. Cool.
4. Process bread in a food processor until crumbs form; transfer to large bowl. Process 1 roasted bell pepper and eggs until smooth; add to bowl with bread crumbs. Stir in zucchini mixture, parsley, thyme, remaining ½ teaspoon salt and pepper. Add ground chuck and sirloin. Toss lightly until combined. Transfer beef mixture to a 9x5-inch loaf pan; smooth top. Bake 1 hour to 1 hour 15 minutes, until an instant-read thermometer inserted in center of loaf registers 160°F.
5. Let meatloaf stand 5 minutes, then carefully unmold onto cutting board. Slice and serve with Roasted-Pepper Sauce, mashed potatoes, zucchini and yellow squash, if desired. Makes 6 servings.
6. *Make Roasted-Pepper Sauce:* Meanwhile, process remaining 2 roasted bell peppers, roasted garlic and remaining ingredients in food processor, until smooth. Makes 1 cup

Per serving without potatoes, zucchini or squash: 440 calories, 28 g total fat, 10 g saturated fat, 167 mg cholesterol, 849 mg sodium, 14 g carbohydrates, 32 g protein, 57 mg calcium, 2 g fiber

PROVENÇALE BEEF STEW

Consider serving this sophisticated stew to company. It has the wonderful flavors of the south of France—red wine, orange peel, rosemary and olives. We recommend using oil-cured olives, such as niçoise or kalamata, for their intense, smoky flavor.

Prep time: 25 minutes plus marinating
Baking time: 2 to 2½ hours
Easy

2 pounds bottom round steak, cut into ¾-inch pieces
1½ cups chopped onions
1½ cups chopped carrots
1½ cups red wine
1 cup chopped celery

The Reynolds Kitchens Home Economists

"Hey Betty, I think the ham had an argument with the cheese."





rge sprigs fresh rosemary
removed, or 2 teaspoons d
oves garlic, crushed
up brandy
ıblespoons plus 2 teaspoons
olive oil, divided
rips orange peel
ın (14½ oz.) chicken brot
ıblespoons flour
up oil-cured olives
ıpped fresh flat-leaf parsle
nta (optional)

Combine beef, onions, carrots, garlic, rosemary, garlic, brandy and tablespoons oil in large glass bowl well. Cover and marinate in the igerator, 2 hours.

Heat oven to 350°F. Remove beef tongs from marinade; reserve inade). Pat dry with paper towels. at 1 tablespoon oil in medium ch oven over medium heat. Brown the beef on all sides. Transfer to e plate. Repeat with remaining beef drippings.

Pour vegetables and marinade ough a strainer set over a large bowl. at remaining 2 teaspoons oil over lium-high heat in same Dutch oven. l vegetables; cook until onions begin often, 3 minutes. Add beef, reserved inade, orange peel and broth. Bring

Per serving, without salt

HERB-COATED EYE ROUND ROAST

Fresh [illegible] added a mixture of parsley, cilantro, [illegible] and garlic paste, which [illegible] to whip up in the [illegible] on the meat. Roasting times for the beef can vary, so always use a meat thermometer to test for doneness.

Prep time: 20 minutes plus standing
Baking time: 1 hour to 1 hour 20 minutes
Easy

Herb Paste
1 teaspoon cumin seeds
cup packed fresh cilantro leaves

2 H[illegible]. Brush a [illegible] with oil.

3 Rub herb paste over entire roast. Place roast in prepared pan. Insert an ovenproof dial meat thermometer [illegible] into thickest part of roast. The thermometer will remain in the roast during the entire roasting time. Roast 1 hour to 1 hour 20 minutes, or until temperature registers 145°F. for medium-rare. If using an instant read thermometer, insert the metal shaft into the center of the roast. Let stand 20 seconds, then remove. Cover roast loosely with foil; let stand 10 to 15 minutes before slicing. Serve with

(continued)

"Well Pat, they could've stayed together better with Reynolds® Wrappers™ pop-up foil sandwich sheets. Just look at the difference."



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BEEF AT ITS BEST

Continued

sweet potatoes, if desired. Makes 6 servings.

Per serving without sweet potatoes: 385 calories, 26.5 g total fat, 7.5 g saturated fat, 89 mg cholesterol, 658 mg sodium, 2 g carbohydrates, 33 g protein, 26 mg calcium, .5 g fiber

SAVORY SIRLOIN BURGERS

Hold the roll! These thick, juicy patties with cracked pepper, creamy leek sauce and a crown of fried leeks are best served all by themselves. Ground sirloin makes the burgers extra moist and flavorful.

Prep time: 30 minutes
Baking time: 35 minutes
Moderate



1½ pounds ground sirloin
1 tablespoon olive oil
2 teaspoons coarsely ground pepper or cracked pepper
teaspoon salt, divided

Leek Sauce
1 tablespoon unsalted butter (no substitutions)
cup finely chopped leeks (white part only)
2 tablespoons chopped fresh flat-leaf parsley
½ teaspoon salt
Pinch ground cloves (optional)
¾ cup white wine
1 cup half-and-half cream

Fried Leeks
¼ cup olive oil
1 cup thinly sliced leeks, cut into 2-inch-long strips (white part only)

1. Divide and shape sirloin into four 1¼-inch-thick oval patties. Brush both sides with oil and sprinkle evenly with pepper.
2. Heat oven to 350°F. Heat a 12-inch nonstick ovenproof skillet over medium-high heat, 2 minutes. Add patties and cook, 3 to 4 minutes. Turn and sprinkle with ¼ teaspoon salt. Cook 3 to 4 minutes more, until both sides are well seared. Turn patties again and sprinkle tops with remaining ¼ teaspoon salt. Place skillet in oven. Bake burgers 35 minutes, or until an instant-read thermometer registers 160°F. when inserted 1 inch from edge of each burger for medium.
3. *Make leek sauce:* Meanwhile, melt butter in small saucepan over medium-low heat. Add leeks; cover and cook until leeks soften, 5 minutes. Increase heat to medium; stir in parsley, salt and cloves, if desired; cook uncovered 1 minute. Add wine and gently boil, until mixture is reduced to ½ cup. Gradually whisk in cream and boil, stirring, until sauce is reduced to 1 cup, about 10 minutes. Remove from heat. Set aside.
4. *Make fried leeks:* Line a large plate with paper towels. Heat oil in medium saucepan over medium-high heat just

oil begins to smoke. Carefully
of leeks and cook 3 minutes, until
n brown. Remove leeks with
otted spoon and drain on paper
s. Repeat with remaining leeks
heat leek sauce over low heat
e sauce between 4 serving plates
ge burgers on top of each. Divide
nound fried leeks atop burgers
s 4 servings.

ving: 610 calories, 46.5 g total fat, 16 g
ted fat, 145 mg cholesterol, 696 mg
n, 9 g carbohydrates, 38 g protein, 2.2 g
n, 1 g fiber

AN STEAK-AND-DDLE BOWL

soothing soup of tender Asian
les, fragrant spice broth and sliced
will banish winter's chill. We use
rloin or boneless top loin steaks-
are a bit more expensive than
cuts, but you'll need only a small
nt for four hearty servings, and
avor is well worth it.

prep and cook time: 35 minutes

Broth
*New Mexican dried chile**
an (14½ oz.) chicken broth
an (14½ oz.) beef broth
iece (1 inch) ginger, sliced
cinnamon stick
*ar anise***

*spoon Szechwan peppercorns** or*
arsely ground pepper
spoon salt
derloin or boneless top loin beef steaks,
4-inch thick (1 lb. total)
spoon olive oil
nd broad rice or wheat-flour stick
odles, such as Chinese lo mein or
*ietnamese banh pho***
*lespoon tamari sauce***
spoon finely chopped garlic
ch (4 to 6 oz.) watercress, trimmed

ake Spice Broth: Heat a large
broof nonstick skillet over
um-high heat. Add chile and toast
t 1 minute, pressing lightly, until
ly darkened. Transfer to medium
pan; add remaining ingredients.
to a boil; reduce heat and
er 30 minutes.
eanwhile, start to bring 3 quarts
to a boil in a large saucepan.
oven to 350°F.
ush Szechwan peppercorns with
g pin. Combine with salt in cup
ub on both sides of steaks. Heat
same skillet over high heat; add
s and brown, 1 minute per side
sfer skillet to oven and bake steak
12 minutes, until instant-read

6. Slice steaks. Divide noodles and
watercress among 4 large soup bowls.
Divide and add broth to each bowl.
Top with steak. Makes 4 servings.

Per serving:

SOUTHWEST BRISKET WITH CORN CAKES

Test Kitchen Favorite

The heat is on! Chipotle chiles (smoked jalapeños), chili sauce, chili powder and beer give this brisket plenty of kick. To help cool things down—and to soak up all the savory sauce—there's a stack of sweet corn cakes on the side. The brisket can be made a day ahead and reheated, but the corn cakes should be prepared shortly before serving time.

Prep time: 30 minutes
Baking time: 2 hours to 2 hours 15 minutes
Easy

1 boneless beef brisket, flat cut (1¼ to 2 lbs.)
¼ teaspoon salt
2 teaspoons olive oil, divided
1 large onion, chopped
1 tablespoon chili powder
1 jar (12 oz.) chili sauce
1 can (12 oz.) beer
*1 teaspoon chopped chipotle chile in adobo**

Corn Cakes
1 can (8 oz.) cream-style corn
1¼ cups all-purpose flour
¾ cup milk
1 large egg
3 tablespoons sugar
1 teaspoons baking powder
¼ teaspoon salt
1 can (8 oz.) whole-kernel corn, drained and patted dry
2 tablespoons chopped fresh cilantro
2 teaspoons olive oil
1 onion and red bell pepper,

(continued)



Grandpa's soup made us feel warm all over.



Goya beans take everyday meals and turn them into something they'll remember.

Grandpa's Special Bean Soup

- 2 15.5 oz. cans Goya Red Kidney Beans, drained
- 2 tbs olive oil
- 1 cup diced carrots
- 1 cup diced onions
- 1 cup diced celery
- ½ lb ground beef
- 1 tbs chopped garlic
- 1 tbs Goya Adobo All-Purpose Seasoning
- 7 cups water
- 3 pkts Goya Beef Bouillon
- 1 28 oz. can whole tomatoes, chopped (reserve fluid)
- 1 16 oz. bag frozen vegetables
- 1 cup elbow noodles
- salt/pepper to taste

1. In a large heavy bottomed pot, sauté diced vegetables in oil over low heat until golden. Add ground beef and cook, breaking into ½ inch chunks. Add Goya Adobo and garlic and sauté 3 minutes.
2. Add reserved tomato fluid, water and bouillon. Bring to a boil.
3. Add tomatoes, frozen vegetables and elbow noodles. Return to boil and simmer 7 minutes.
4. Add Goya Beans, stir, and cook 3 minutes.

© Goya Foods Inc

Serves 8-10



It's gotta be Goya.

1. Heat oven to 325°F. Sprinkle brisket with salt. Heat 1 teaspoon oil in heavy Dutch oven over medium-high heat. Brown beef, 1 to 2 minutes per side. Transfer to plate. Reduce heat to medium. Add remaining 1 teaspoon oil and onion; cook 4 to 5 minutes, until softened. Add chili powder; cook, stirring, 1 minute. Stir in chili sauce, beer and chipotle. Add brisket and bring mixture to a boil. Cover and bake 2 hours to 2 hours 15 minutes, until beef is fork-tender.
2. *Make Corn Cakes:* About 15 minutes before brisket is done, process cream-style corn, flour, milk, egg, sugar, baking powder and salt in a food processor, just until smooth. Transfer to medium bowl; stir in whole-kernel corn and cilantro. Heat 1 teaspoon oil in 12-inch nonstick skillet over medium heat. Spoon batter into skillet by scant ¼ cupfuls, 1 inch apart. Cook 1½ minutes, until bubbles appear evenly over top; turn and cook 1 minute more. Transfer to plate. Cover and keep warm. Repeat process 3 more times with remaining batter, using 1 teaspoon oil per batch of Corn Cakes.
3. Transfer brisket to a cutting board. Cut across the grain into ¼-inch-thick slices. Transfer to serving platter with Corn Cakes. Spoon some sauce over brisket. Serve with remaining sauce and garnish with avocado, onion and bell pepper, if desired. Makes 8 servings.

*CAN BE FOUND IN ETHNIC SECTION OF MOST SUPERMARKETS, OR IN SPANISH OR LATINO SPECIALTY MARKETS. ALSO AVAILABLE FROM CHILE TODAY–HOT TAMALE, 800 468-7377

Per serving without garnish: 575 calories, 33 g total fat, 12.5 g saturated fat, 108 mg cholesterol, 1,323 mg sodium, 45 g carbohydrates, 24 g protein, 113 mg calcium, 2 g fiber

PERFECT PINWHEELS



Making our Italian Pinwheel Steaks (far right) is easy. Here's how.

1. Place flank steak on cutting board. With long knife held horizontal to board, slice steak in half lengthwise without cutting all the way through.

2. Open the steak up like a book, then spread with filling and roll as directed.

MAHOGANY BEEF WITH EGGPLANT AND PEPPERS

Budget Recipe of the Month

A thick, dark and slightly sweet soy glaze gives this beef dish its gorgeous burnished color. We chose boneless bottom round for its flavor, but we sliced it paper-thin and cooked it for less than a minute for tenderness.

Total prep and cook time: 35 minutes
Easy

4 Japanese eggplants (1¼ lbs. total)
2 large red bell peppers
1 tablespoon olive oil
1 tablespoon chopped garlic
1½ teaspoons grated fresh ginger
1½ pounds boneless beef bottom round roast, thinly sliced
¼ teaspoon salt
¼ cup dark corn syrup
*3 tablespoons mirin**
*2 tablespoons tamari sauce**
3 teaspoons olive oil
3 tablespoons thinly sliced green onions
Cooked rice (optional)

1. Heat oven to 425°F. Line a large jelly-roll pan with foil. Brush eggplant and bell peppers with oil; arrange on prepared pan. Roast 20 to 25 minutes, until eggplant is tender and peppers are lightly charred. When cool, cut peppers in half and seed.
2. Meanwhile, finely chop garlic and ginger together on board. Toss 1 teaspoon of the garlic-ginger mixture with beef and salt in medium bowl.
3. Combine remaining garlic-ginger mixture, corn syrup, mirin and tamari sauce in cup for glaze.
4. Heat 1 teaspoon oil in large nonstick skillet over high heat. Add one third of the beef and stir-fry 1 minute; transfer to medium bowl. (If beef is pink in spots, that's okay, it will continue to cook as it stands.) Repeat process with remaining 2 teaspoons oil and beef.
5. Add glaze to skillet; boil 1 minute. Divide beef and vegetables among 6 serving plates. Drizzle servings with glaze and top with green onion. Serve with rice, if desired. Makes 6 servings.

*CAN BE FOUND IN ASIAN SPECIALTY STORES.

Per serving without rice: 375 calories, 20 g total fat, 6.5 g saturated fat, 73 mg cholesterol, 519 mg sodium, 22 g carbohydrates, 25 g protein, 52 mg calcium, 2 g fiber

ITALIAN PINWHEEL STEAKS

Fastest Recipe of the Month

Here's a fabulous stuffed flank steak with spinach, sun-dried tomatoes and Parmesan; it cooks in less than 15 minutes because it is cut into thin slices. (Note: The number of pinwheels may vary, depending on the shape of the steak.)



Prep time: 30 minutes plus chilling
Broiling time: 10 to 12 minutes
Easy

Filling
1 bunch fresh spinach (1¼ lbs.), trimmed, or 1 bag (10 oz.) fresh spinach, rinsed
¾ cup fresh bread crumbs
¼ cup freshly grated Parmesan cheese
2 tablespoons chopped sun-dried tomatoes in oil
2 tablespoons toasted pine nuts
1 tablespoon chopped garlic

1 flank steak (1½ lbs.)
¼ teaspoon salt
¼ teaspoon freshly ground pepper
2 cups orzo, cooked according to package directions
2 teaspoons grated lemon peel
Tossed greens (optional)

(continued on page 157)


For people who don't want
to let go of the holidays...

Halle



Fat Free Chocolate Caramel Pudding
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White Grape Gelatin

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ujah!



duced Fat Strawberry
Swirl Cheesecake



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smile more™

*Pudding or Gelatin Snack with Topping is less than one gram of fat per serving.

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AT ITS BEST

e filling: Place spinach
hinging to its leaves in
an. Cook over high heat,
once, just until wilted, about
minutes; drain. When cool
to handle, squeeze dry, then
y chop. Combine spinach and
ing ingredients in small bowl;
ell blended.

broiler. Lightly coat broiler pan
getable cooking spray.
nwhile, cut flank steak open
'erfect Pinwheels," page 156
filling over cut sides of steak.
1-inch border along the 2 long
Roll steak up tightly from one
de. Wrap tightly in plastic wrap
rigerate 20 minutes.

SPECIAL OFFER

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TruCook's ThermoFork is a battery-operated fork-thermometer that easily gives chefs a precise reading of the internal temperature of cooked food, ensuring that food ely cooked to control bacteria. nply insert the fork into the and in just seconds an ator light will appear, providing egree of doneness—well, m well, rare, etc. A chart on the e of the ThermoFork shows the r temperature for the food. in all situations, from outdoor g to microwave meats to a en or turkey.

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6.

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NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan nutritious meals.

Daily Goal

Calories	2,000 (F); 2,000 (M)
Total fat	90 g or less (F); 70 g or less (M)
Saturated fat	20 g or less (F); 23 g or less (M)
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

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Chocolate Cake

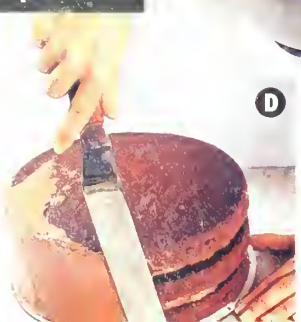
So incredibly decadent, so sinfully sweet . . . just one bite, and you'll be in chocolate paradise











A: Whisk cocoa and water in bowl. B: With mixer on, pour hot syrup into egg yolks. C: Beat softened butter into mixture until creamy. D: Frost cake with spatula

When it comes to great chocolate desserts, there's a lot of competition. But while chocolate mousse, chocolate cream pie and truffles are delicious, in our opinion there's nothing quite as heavenly as a slice of chocolate layer cake. We made our cake with cocoa powder instead of melted chocolate to give it the most intense chocolate flavor. Plus, there's nearly a pound of unsweetened and semisweet chocolate in the buttercream frosting. Finally, we added a shiny chocolate ganache (pronounced *ga-nosh*) topping and lots of light, airy chocolate curls to garnish the sides. After all, since chocolate cake to be the perfect, it also has to

CHOCOLATE CAKE

Indulgent But Worth It

Prep time: 1 hour plus cooling and decorating
Baking time: 25 minutes
Moderate

1 cup unsweetened cocoa, sifted
1 1/2 cups boiling water
3 cups all-purpose flour
1 teaspoon baking soda
1/2 teaspoon salt
1 1/2 cups unsalted butter, softened (no substitutions)
2 1/4 cups sugar
4 large eggs, at room temperature
2 teaspoons vanilla extract

Frosting
6 large egg yolks, at room temperature
1 1/4 cups sugar
1/3 cup water
2 cups unsalted butter, softened (no substitutions)
8 ounces unsweetened chocolate squares, melted and slightly cooled
6 ounces semisweet chocolate squares, melted and cooled
2 teaspoons vanilla extract
Pinch salt

Ganache topping
3 ounces semisweet chocolate squares, finely chopped
1/3 cup heavy or whipping cream

Chocolate shavings
1 (4 oz.) piece semisweet chocolate or 4 ounces semisweet chocolate squares

1. Arrange oven racks in middle and bottom third of oven. Heat oven to 350° F. Grease three 9-inch round cake pans. Line bottoms with waxed paper. Grease and flour pans.
2. Whisk cocoa and boiling water in bowl, until smooth (photo A). Cool.
3. Combine flour, baking soda and salt in bowl.
4. Beat butter in large mixer bowl at medium-high speed, until creamy. Add sugar and beat until light and fluffy, 3 to 5 minutes. Add eggs one at a time, beating well after each addition. Add vanilla. Scrape side of bowl with rubber spatula. Beat in dry ingredients at low speed. Scrape side and bottom of mixer bowl with rubber spatula. Slowly beat in chocolate mixture. Increase speed to medium and beat until completely smooth, 1 to 2 minutes.
5. Pour batter into prepared pans. Arrange 2 pans on middle rack and 1 pan in center of bottom rack. Bake 15 minutes. Switch one pan from middle rack with the pan from the bottom rack. Bake 10 minutes more, until toothpick inserted in centers comes out clean. Cool cakes in pans on wire racks, 15 minutes. Unmold; cool completely.
6. *Make frosting:* Beat yolks in another large mixer bowl at medium speed, until thick and lemon-colored, 5 minutes. Combine sugar and water in small saucepan. Bring to boil over medium heat. Boil, without stirring, until syrup reaches 238° F. on a candy thermometer, 5 to 8 minutes. Transfer syrup to 2-cup glass measure. *(continued)*

Whoever invented chocolate chips wasn't thinking big enough.



One Bowl Chocolate Chunk Cookies

1 pkg. (8oz.) BAKER'S Semi-Sweet Baking Chocolate Squares
½ cup (1 stick) butter or margarine
½ cup firmly packed brown sugar
½ cup granulated sugar
1 egg
1 tsp. vanilla
1 cup flour
1 cup quick-cooking rolled oats (optional)*
½ tsp. baking soda
½ cup chopped nuts (optional)

•**HEAT** oven to 375°F. Break chocolate squares in half; cut each half into 3 chunks.
•**BEAT** butter, sugars, egg and vanilla in large bowl with electric mixer on medium speed for 1 minute until well blended. Beat in flour, oats and baking soda on low speed until combined. Stir in chocolate and nuts. Drop by rounded tablespoonfuls onto ungreased cookie sheet.
•**BAKE** 10 minutes or until lightly browned. Cool on cookie sheet 2 minutes. Transfer to wire cooling rack and cool completely. Makes about 2 dozen.

Prep: 10 minutes Bake: 10 minutes

Baker's

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*If omitting rolled oats, add additional ½ cup flour.



CHOCOLATE CAKE

(Left) mixer at high speed, gradually add syrup to yolks in slow steady stream along side of bowl (photo B). Beat until mixture is thick and pale yellow and bottom of mixer bowl is cool, about 5 minutes.

7. Meanwhile, beat butter in medium bowl with wooden spoon until creamy and very smooth. With mixer at high speed, add butter by scant half-cupfuls into egg mixture and beat until smooth and creamy (photo C). Reduce speed to medium high; slowly beat in melted chocolates. Beat in vanilla and salt. Scrape side and bottom of mixer bowl with rubber spatula and beat until chocolate is well incorporated. (The frosting should be smooth and creamy.)

8. Place 1 cake layer on a flat serving plate. Spread 1 cup of frosting with metal spatula over top of layer. Repeat with remaining cake layers and 2 cups of frosting. Frost sides with $1\frac{1}{2}$ cups frosting, keeping sides and top as smooth as possible (photo D). Fill a large pastry bag fitted with half-inch star tip with remaining $\frac{1}{2}$ cup frosting. Pipe a decorative border around top of cake.

9. *Make ganache topping:* Place chocolate in a small bowl. Bring cream to boil in small saucepan over medium-high heat; immediately pour over chocolate. Let stand 3 minutes; stir until mixture is smooth. Let stand 8 to 10 minutes more, just until ganache begins to thicken. Carefully pour ganache over center of top of cake, and quickly smooth over top with small metal spatula just to the decorative border. Let stand 15 minutes, until set.

10. *Make chocolate shavings:* Meanwhile, rub 4-ounce piece of chocolate with palm of hands to warm slightly. (This will make it easier to make shavings.) Using a swivel-blade vegetable peeler, peel chocolate toward you to form shavings. (If using semisweet chocolate squares, grate on the large holes of a standing grater set over a piece of waxed paper.) Transfer shavings to a large plate. Continue making shavings until there are enough to cover side of cake. Very gently press shavings onto side of cake. *(Can be made ahead. Cover cake with a large bowl and refrigerate overnight. Let stand at room temperature 1 hour before serving.)* Makes 20 servings

Per serving: 675 calories, 47.5 g total fat, 28 g saturated fat, 199 mg cholesterol, 153 mg sodium, 64 g carbohydrates, 7 g protein, 45 mg calcium, 4 g fiber ●

Recipe by Jane Yagoda Goodman

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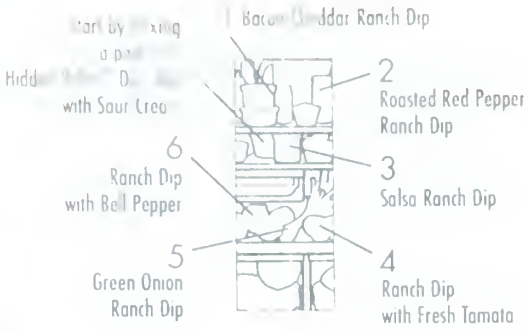






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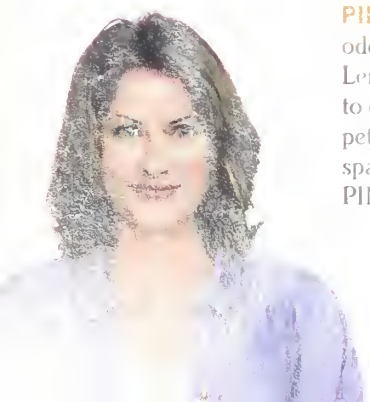
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Carolyn Davis



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Carolyn

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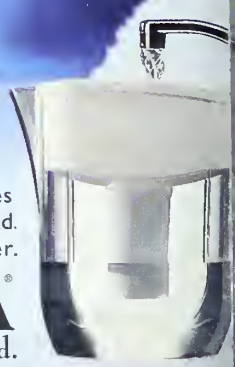
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A Better Bean

Colorful, fanciful heirloom varieties are coming to a market near you

A pot of beans simmering on the back of the stove evokes home cooking at its simple, unpretentious best. But if you substitute heirloom beans for the more common supermarket kinds, you've got something that looks—and tastes—remarkable.

As their name suggests, heirloom beans are treasured seeds passed down from generation to generation. Many have great beauty, all have great flavor, several have evocative names: Wren's Egg, Rattlesnake, Tongues of Fire. In contrast, navy, pinto and kidney beans, grown for mass production, are bred for a high yield.

Key to the beans, as pictured above:
1. Black Appaloosa
2. Butterscotch
3. Anasazi
4. Good Mother Stallard
5. Christmas Lima
6. Nightfall
7. Tiger Eye

Like all beans, heirloom varieties are high in protein and are good sources of calcium, potassium, iron, zinc and several B vitamins, including folate. They're also high in fiber, especially soluble fiber. And like all beans, heirlooms can stress your digestive system—a problem that can be sidestepped with the proper cooking technique.

First, soak the beans before cooking (this activates enzymes that make beans more digestible). Second, do not add acidic ingredients (tomatoes, citrus fruit or wine) to a pot of cooking beans until the beans have softened. After cooking them in boiling water for about ten to fifteen minutes with the lid off, add a small amount of salt (¼ teaspoon per cup of dry beans). This helps speed the softening process along, and also enhances flavor. (Don't try to soften beans by adding baking soda, as your grandmother may have. Doing so destroys nutrients.)

MULTI-BEAN RAGOÛT

If you're a fan of the classic Italian *pasta e fagioli*, then you know that the age-old combo of pasta and beans is terrific comfort food. Our version adds the smoky flavor of pancetta (Italian bacon), savory herbs, vegetables and wide noodles. We used heirloom beans, but any combination of beans can be used.

Prep time: 30 minutes plus soaking
Baking time: 2 to 2½ hours
Easy

1½ cups assorted heirloom beans, rinsed and picked over
2 tablespoons olive oil

(continued)

Imagine the taste of a warm muffin loaded with wild blueberries and hearty grains.

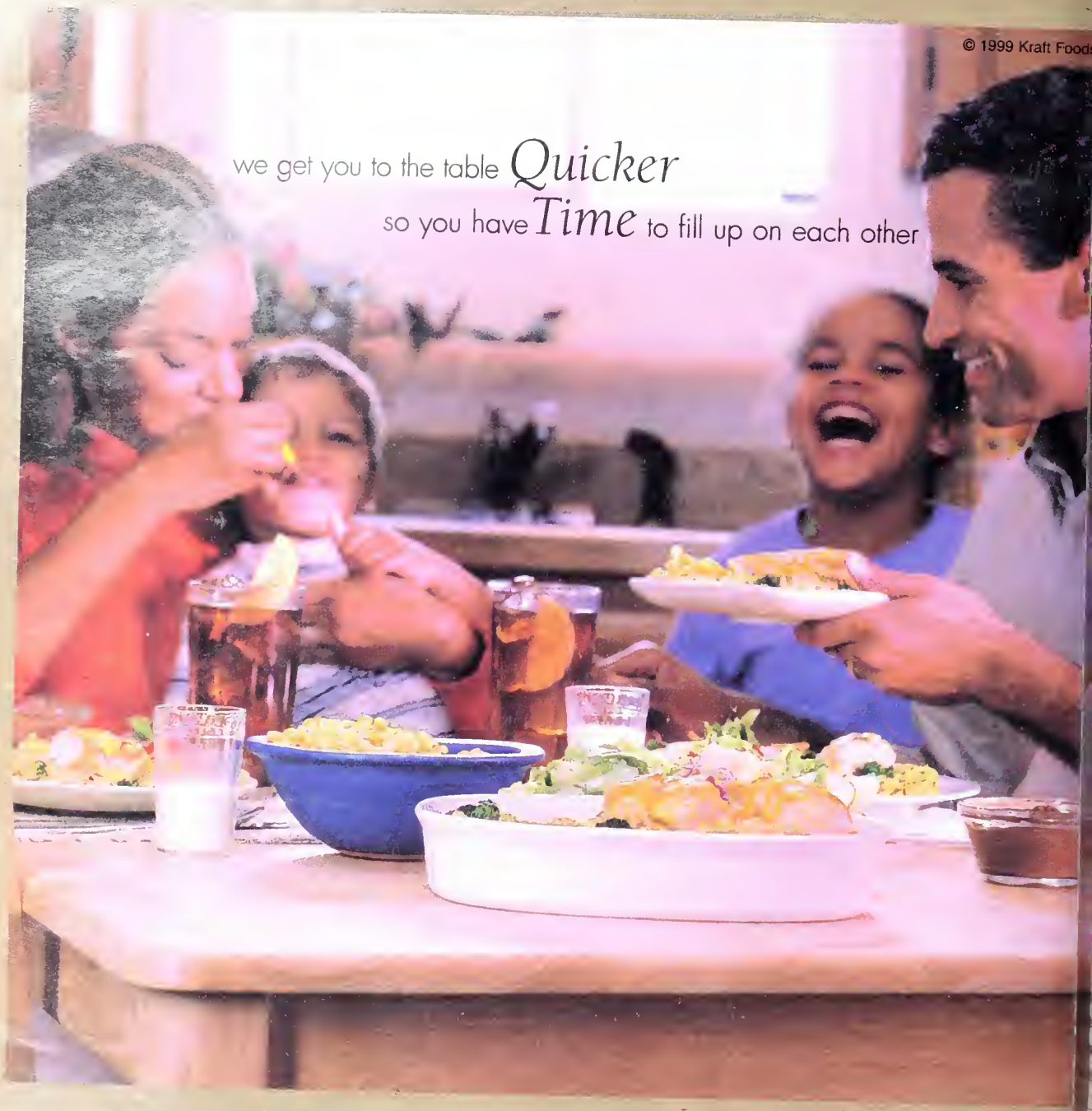
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Minute

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JELL-O

KRAFT Macaroni & Cheese

Let's make something go

TER BEAN

ed

ts, cut into thin strips
ribs, diced
1, sliced
spoon chopped garlic
es pancetta (or 4 slices bacon)
oped
(14½ oz.) chicken broth
oon oregano
leaf
oon salt
oon freshly ground pepper
(14½ oz.) plum tomatoes
red wine
ces pappardelle or other wide noodl
freshly grated Parmesan cheese

nbine assorted beans in a large
Cover with 2 inches of cold
and let stand overnight. (To
soak: Combine beans with water
er by 2 inches in a medium
oven. Bring to a boil; boil 2
es. Cover and let stand 1 hour.)
beans in colander. Set aside.
it oven to 350° F. Heat oil in
n Dutch oven over medium heat.
ng bacon, omit oil. Cook bacon
risp, remove with slotted spoon.
drippings in Dutch oven.) Add
s, celery, onion and garlic. Cook
utes, until vegetables are softened.
pancetta; cook until lightly
ed, about 1 minute. Add beans,
n broth, oregano, bay leaf, salt
epper (and bacon, if using); bring
l. Cover and bake 1 hour. Stir in

4. Divide [illegible] top with [illegible] Parmesan cheese. Serve [illegible]. Makes 6 servings. •

Recipe by [illegible]

Per serving: [illegible]

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plendid Beans

With few exceptions, you can any bean in any recipe—while each variety has a unique flavor, it is typically le. The darker beans, such as black beans, tend to discolor the lighter beans, nsideration when you choose types of beans to combine. The chart below lists ılar, commercially grown beans and their heirloom alternatives.

MON BEAN	CHARACTERISTICS	HEIRLOOM OPTIONS
	slightly powdery texture; earthy (meaty) flavor	Anasazi, Good Mother Stallard, Pinquito, Bolita
	mild flavor; powdery texture	Flageolet, Rice Bean, Soldier, Spanish, Swedish Brown
	subtle flavor; soft texture	Tiger Eye, Cranberry, Eye of the Goat, Jacob's Cattle, Red Mexican, Tongues of Fire, Wren's Egg
NORTHERN	mild flavor; powdery texture	Nightfall, Butterscotch, Christmas Lima (also called Chestnut Lima), Calypso, Cannellini, White Aztec
	earthy flavor; creamy texture	[illegible], Black Runner, Black Turtle, Black [illegible], Scarlet Runner, Buckskin

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If you love fish 'n chips, then try this better-for-you version on for size. As you'll find out, it only *tastes* deep-fried





Cornflake crumbs, combined with parsley, make a crispy coating that adds flavor, not fat

Do deep-fried foods top your list of taboos? Take heart: When a good technique meets the right ingredients, you don't have to forgo the wonderful texture and flavor of dishes like this British classic. A crispy cornflake-crumb coating on the fish eliminates the need for deep frying, and the chips are actually potato wedges baked with just a dab of olive oil. The numbers look good, too: While a typical serving of fish and chips has, at minimum, 20 grams of fat, our lightened-up version has just 5½ grams.

FISH 'N CHIPS

Prep time: 15 minutes
Cooking time: 29 to 35 minutes
Easy, Low-fat

Chips
- *Olive oil or vegetable cooking spray*
- *2 pounds russet or baking potatoes, scrubbed and sliced into ¼-inch-thick wedges*
- *1 tablespoon olive oil*
- *½ teaspoon salt*
- *¼ teaspoon freshly ground pepper*

Fish
- *4 small sole fillets (about 1 pound)*
- *½ cup buttermilk*
- *⅛ teaspoon ground red pepper*
- *1 cup cornflake crumbs*
- *2 tablespoons chopped fresh parsley*
- *Olive oil or vegetable cooking spray*

Malt vinegar (optional)
Fresh flat-leaf parsley sprigs, for garnish

1. *Make chips:* Adjust oven racks to center and lower third of oven. Heat oven to 475°F. Lightly coat two large cookie sheets with olive oil cooking spray. Pat sliced potatoes with paper towels. Toss potatoes with oil, salt and pepper in a large bowl until well coated. Divide potatoes and spread in a single layer on prepared sheets. Bake potatoes 25 to 30 minutes, switching pans once halfway through, until lightly browned. Cover loosely with foil to keep warm.
2. *Make fish:* Reduce oven temperature to 200°F. Cut each fillet crosswise in half. Combine buttermilk and red pepper in pie plate. Combine cornflake crumbs and parsley on a sheet of waxed paper. Dip each piece of fish in buttermilk mixture and coat with crumbs. Place on cookie sheet or large plate.
3. Heat a large nonstick skillet over medium-high heat 1 minute. Coat pan with olive oil cooking spray. Add half of the fish; cook 4 to 5 minutes, turning once halfway through, until fish is crisp and golden, and opaque in center when tested with a small knife. Transfer to cookie sheet and place in oven to keep warm. Repeat process with cooking spray and remaining fish.
4. Divide potatoes and fish among 4 serving plates; serve fish and chips with malt vinegar and garnish with parsley sprigs, if desired. Makes 4 servings.

Per serving: 440 calories, 5.5 g total fat, 1 g saturated fat, 56 mg cholesterol, 782 mg sodium, 67 g carbohydrates, 29 g protein, 60 mg calcium, 4 g fiber ●

Recipe by Regina Ragone

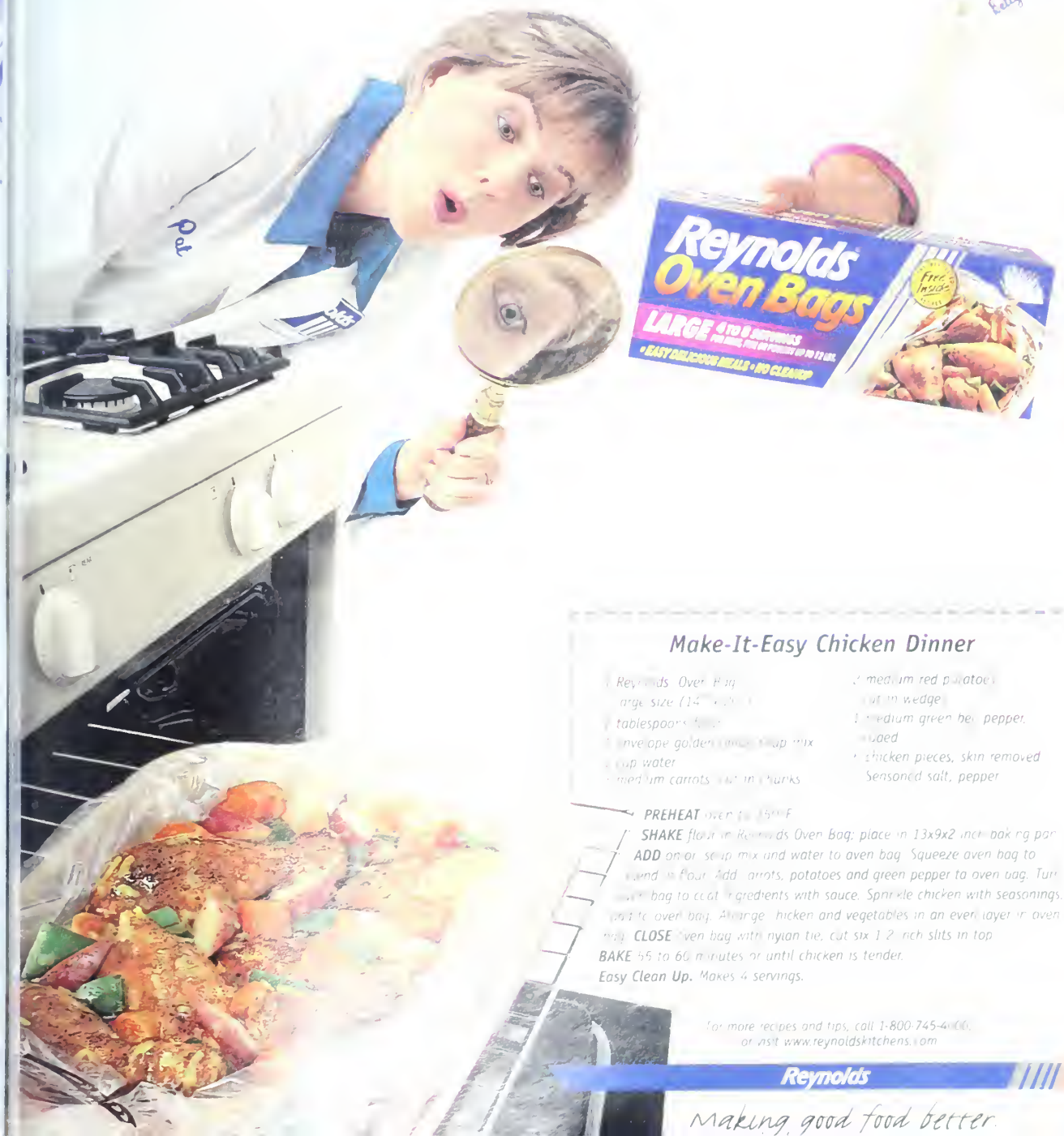
IT'S ALL IN THE INGREDIENTS

1. Choose a firm, white-fleshed fish—flounder, snapper, pollock or grouper can be substituted for the sole. All are equally delicious and low in fat.
2. Coat the fish with cornflake crumbs for crispness (you can find them in the bread aisle of the supermarket).
3. Use cooking spray to brown fish without excess fat and ensure that the potatoes won't stick to the pan.

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Make-It-Easy Chicken Dinner

1 Reynolds Oven Bag
large size (14
2 tablespoons
1 envelope golden
1 cup water
2 medium carrots
2 medium red potatoes
cut in wedge
1 medium green bell pepper,
cored
4 chicken pieces, skin removed
Seasoned salt, pepper

PREHEAT oven to 350°F.
SHAKE flour in Reynolds Oven Bag; place in 13x9x2 inch baking pan.
ADD onion soup mix and water to oven bag. Squeeze oven bag to
blend in flour. Add carrots, potatoes and green pepper to oven bag. Turn
bag to coat ingredients with sauce. Sprinkle chicken with seasonings.
Add to oven bag. Arrange chicken and vegetables in an even layer in oven
bag. **CLOSE** oven bag with nylon tie, cut six 1/2 inch slits in top.
BAKE 55 to 60 minutes or until chicken is tender.
Easy Clean Up. Makes 4 servings.

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[illegible] NOT TO IGNORE

[illegible] deficiency would most likely cause symptoms on both sides. "For all of these possibilities, the tingling and numbness may wax and wane, but for the most part it persists, or returns daily," says Miller. "That's when you need to get to a doctor."

8. Enlarged Lymph Nodes

Lymph nodes, located in the neck and groin areas, normally swell when you have an infection, such as strep throat, a cold, the flu or mononucleosis. See your doctor right away if the swelling does not go away after the infection clears up, if it lasts more than a week or two, or if you have node swelling without an infection, particularly if it is on only one side. Hodgkin's or non-Hodgkin's lymphoma, a form of cancer, could be the cause. Other symptoms of lymphoma include fever, night sweats and weight loss.

Since the early seventies, the incidence of non-Hodgkin's lymphoma has nearly doubled. Rates for Hodgkin's disease, which usually strikes by age forty, have declined over the same period.

9. Menstrual Changes

Any variation in periods—spotting between cycles, skipping periods, changes in duration or heaviness of periods—can indicate a problem. While the cause may be as simple as stress, if you experience anything other than a normal period, begin keeping track on a calendar, advises Fitzgerald. Note any day on which you had unusual bleeding or pain. "Many patients simply say, 'I've been having funny periods,' but they cannot recall when the changes began," she says. Call your doctor after two to three months of unusual cycles.

If irregular periods are accompanied by pain during intercourse, pressure on the bowel or bladder, tender, swollen breasts, nausea, leaking of milk from the breast (and you are not pregnant or postpartum), fatigue, lethargy, weight changes or an intolerance of heat or cold, consult your doctor immediately.

The most common medical causes of menstrual changes are fibroids, pregnancy or endocrine problems, followed by endometriosis and endometrial polyps. Menstrual changes could also be a sign of menopause. Whatever the cause of irregular periods, your doctor should do an exam, give you a diagnosis and discuss treatments.

Menstrual changes, pelvic pain or chronic yeast infection? See your doctor

10. Pelvic Pain

Other than typical menstrual cramps, it is not normal to have pelvic pain. Tell your doctor about any pain that is persistent and increases over time.

The most common pelvic problems doctors treat in women are urinary tract infections (UTIs), endometriosis, ovarian cysts (particularly if the pain is one-sided), inflammatory bowel syndrome and fibroids. Appendicitis, although far less common in adults than kids, could be the cause if the pain is focused on your right side. Gallstones, crystals that form in the gallbladder, can also cause pain, often in the upper right section of the abdomen.

If you also experience pressure on your bladder, an increase in frequency of urination and burning, get a urine test for a UTI. Antibiotics will cure the infection, but you need a culture to determine which prescription will work. An unchecked UTI could lead to an infection of the kidneys, which can be dangerous.

11. Frequent Urination

Most often, frequent urination is caused by a UTI or pregnancy. But this symptom can also be a red flag for diabetes, especially if you a releasing large amounts of uri each time and experiencing exce sive thirst, frequent infections blurred vision.

In the U.S., more than eight m lion women have diabetes, but o third don't know it. Diabetes is o of the leading causes of blindne and can also lead to kidney a nerve disease, amputations, heart d ease and stroke. Risk factors inclu having had gestational diabetes or d livering a child who weighed mo than nine pounds at birth, as well age, race, family history, being ov weight, and having low HDL chol terol and high triglycerides. A simp blood test can diagnose diabetes, a many new treatments can control t condition, often without shots.

12. Chronic Yeast Infections

Since preparations to cure vagin yeast infections are sold over-th counter, many women now diagno and treat themselves. However, r current yeast infections—more th three in one year—call for an a pointment with your gynecologist.

There are several conditions th share the same symptoms as yeast i fections (vaginal discharge, burnin itching, odor, discomfort with int course). These infections—includi bacterial vaginosis, group B strep a trichomoniasis—need to be prope diagnosed because each requires different treatment, usually a targete antibiotic. Do not attempt to ke treating yourself; overuse of yea remedies can be dangerous as well ineffective if you have another infe tion or a resistant yeast infectio Not only that, recurrent yeast infe tions could point to an underlyi condition such as diabetes or HIV.

Health reporter Amy Zintl also writes for Parents.

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is giving
butter
he brush-off.



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SWANSON SKINNY MASHED POTATOES

5 large potatoes, cut into 1" pieces

3½ cups Swanson Chicken Broth

Generous dash pepper

1.2g fat per serving (traditional mashed potato recipe: 5g fat per serving)

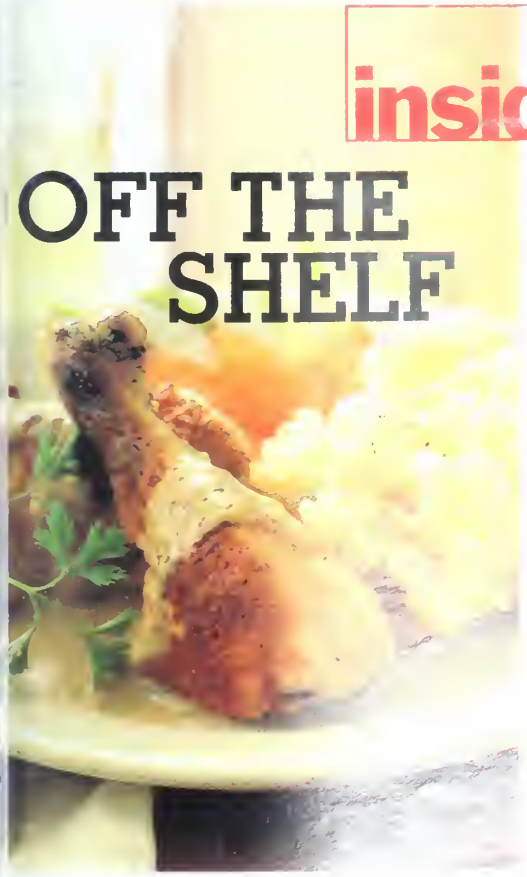
In saucepan place potatoes and broth. Over high heat heat to boil. Cover and cook over medium heat 10 minutes until potatoes are tender.

Drain, reserving broth. Mash potatoes with *1½ cups* broth and pepper. If needed, add additional broth until potatoes are desired consistency. Serves about 6.

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OFF THE SHELF



RANCH CHICKEN WITH POTATOES AND GRAVY

Dry salad dressing does double duty in this delicious recipe. Some is sprinkled on the chicken and the rest is stirred into sour cream to make a savory gravy.

Prep time: 30 minutes
Baking time: 20 to 23 minutes
Easy

1 package (1 oz.) Hidden Valley Original Ranch salad dressing mix, divided
¼ teaspoon ground pepper
4 bone-in chicken legs, cut at joint
Mashed Potatoes and Gravy
2 pounds medium all-purpose potatoes, peeled and quartered
½ cup milk
2 tablespoons butter
½ teaspoon salt
¼ teaspoon pepper
½ cup water
½ cup sour cream

1 Heat oven to 350°F. Set aside 1 tablespoon salad dressing and recipe mix. Combine remaining salad dressing mix with pepper; sprinkle over chicken.

2 Heat 12-inch ovenproof skillet over medium-high heat. Brown chicken, turning, 10 to 12 minutes. Drain fat. Bake chicken until cooked through, 20 to 23 minutes.

3. Meanwhile, bring potatoes with enough water to cover in saucepan to boil; cook until fork-tender, 13 to 15 minutes. Drain. Beat in milk, butter, salt and pepper until smooth.

4. Combine reserved salad dressing mix and water in cup; whisk into drippings. Heat over medium heat; whisk in sour cream. Boil 1 minute. Serve with chicken and potatoes. Makes 4 servings. •

Per serving: 475 calories, 23.5 g total fat, 9.5 g saturated fat, 127 mg cholesterol, 830 mg sodium, 30 g carbohydrates, 34 g protein, 95 mg calcium, 2 g fiber

Recipe by Cynthia DePersio

CANCER

Continued from page 92

invited Graham and Edlyn to style her hair. "We laughed so hard," she remembers. "I had a Mohawk before we finally shaved it all off." Later, they had a second head-shaving party for Edlyn.

Through it all, Deborah marveled at her daughter's inner strength. Once, when she was hospitalized for an exceptionally rigorous round of chemo, Edlyn remained so upbeat that a nurse asked her to talk to another young cancer patient named Melissa, who was deeply depressed.

"Want to play?" Edlyn asked the girl. That night, the two youngsters giggled as they held wheelchair races in the hospital corridor.

Beating the Odds

Today, the future looks promising for both Edlyn and Deborah. Although Edlyn needs one and a half more years of chemo, doctors have estimated only a slight chance of a relapse—15 percent for Edlyn over the next five years (if her cancer doesn't recur within that time, she is considered cured), and 15 percent for Deborah over her lifetime.

"I'm an optimist," says Deborah. "I like to think of it as eighty-five percent chance that the cancer won't come back."

Yet it's hard to forget that after her first mastectomy she was given that same 15 percent chance, and eighteen months later she was back in the operating room. What will she do if the worst happens?

"We'll fight again, as many times as it takes," says Deborah, without hesitation. "What Edlyn and I symbolize is that a cancer diagnosis isn't an automatic death warrant. Knowing it could happen again reminds us of how wonderful life really is."

As Edlyn grows stronger, her hair has grown in, curlier—which she hates—but thick and healthy. And although the chemotherapy drugs have leached calcium from her bones, giving her severe osteoporosis, doctors say that her body will begin repairing the damage once treatment ends. This fall, Edlyn was healthy enough to enter middle school.

Deborah, too, is ready to pick up her life. She has begun five years of therapy with the drug tamoxifen to prevent a recurrence. The treatment have caused her to go into premature menopause, and for the most part she has learned to cope with night sweats and insomnia. She now has a job as a nurse in a breast-cancer program at Inova Fairfax Hospital where she and Edlyn have been treated. "We've been very blessed," she says. "I'd like the chance to give something back."

She's also working to accomplish yet another goal—running a marathon to raise donations for leukemia research in Edlyn's name. "In the future, she'll be strong enough to run her own race," says Deborah. "But for now, I can't think of anything I want more than to do it for her." ●

Kathryn Casey is a contributing editor of Ladies' Home Journal.

ROSIE O'DONNELL

Continued from page 119

childhood that you would like to "right" with your children?

RO: In my childhood there were no *I love you*'s, and in my children's lives there are many. To give them what I never had heals me. Some days I look at them and almost start to cry. I think, How can I love them more than I did the day before? But it keeps growing.

LHJ: In what way has motherhood changed you?

RO: It woke me up. It's similar to how people describe it when they fall in love. I see the world differently. Yellows are brighter. Fresh air smells cleaner. Before the arrival of my children, I was numb.

LHJ: What is it like to have Madonna and her two-year-old daughter Lola over to play?

RO: Lola isn't allowed to watch TV or videos, and when she comes to my house she's like an addict. She just stares at the TV, and I'm like, "That's right, Rosie lets you watch TV." Lola and Parker are very cute together, and she's very good with the baby.

LHJ: With all your money how do you keep from spoiling your kids?

RO: It has less to do with money than boundaries. If you have no money or if you have a lot of money and your kid wants to eat six cookies, you still have to say no.

LHJ: How many kids do you want to have?

RO: A lot. I don't have any plans at this moment, but I would welcome whatever child comes to me in whatever way that it does. I believe that God has a plan, and it's your job to show up with an open heart.

LHJ: Does Parker know that he is adopted?

RO: When he was a year old, I sat him down and said, "You didn't grow in Mommy's belly, you grew in someone else's belly. But God decides who the mommy is, and God knew that I was your mommy, so they brought you to me." And that's really what I believe.

LHJ: What's your idea of heaven?

RO: Tending to my bird-feeders with the help of my children. However there are so many cats in my neighborhood, so I spend all day shooing away cats.

LHJ: What's your idea of hell?

RO: A week at Canyon Ranch. There's nothing worse than having to pay people to force you to work out and eat healthy food.

LHJ: What's the one lesson you seem to have to learn over and over?

RO: To be kind to myself. It's easier to be kind to others.

LHJ: What's your favorite task?

RO: Flossing. If you're a good flosser you understand that there's an entire meal left in your mouth after you've brushed your teeth.

LHJ: What's the one possession you prize the most?

RO: My McDonald's Happy Meal toy collection. I have been collecting for twelve years, and I have over two thousand pieces.

Who is the most handsome man
've ever interviewed?
Tom Cruise. I feel like a twelve-
old with him, not like a thirty-
ear-old grown woman with
ren. Also Mark McGwire. The
beautiful green eyes I've ever
. He's a cutie patootie. I told
and he turned all red.
Whom are you still dying to
view?
Johnny Carson. The biggest re-
of my career is that I never got
on his show.
What do you watch on TV?
The X-Files, *Party of Five*, *Ally*
eal, *The Practice*, *Dateline* and
gie Winters.
What's your favorite song?
It's a tie—"One" from *A Chorus*
"I Dreamed a Dream" from *Les*
rables, and "The Wheels on the
Go Round and Round." Okay,
e here now. My shrink always
at me when I'm late.
What's the one thing you hope
complish before you die?
Raising happy, well-adjusted,
passionate children.
Okay, two last questions:
t's the one moment in your life
you wish your mother had been
to see?
The arrival of my children. Defi-
y. The time that I missed her the
in my adult life was the first
t that I had Parker. I was up at
A.M. and he was not drinking
bottle. I was scared and I wished
my mom was there to tell me,
's going to survive and so will
" After he fell asleep, I was cry-
hard, thinking, God, I really ache
ave her here.
What's the one moment in your
r you wish she had been there
e?
Having Barbra Streisand on the
v. My mother loved her more
I do—which is hard to imagine.
fact that her little girl who she
to sing "Funny Girl" to was ac-
y *talking to* Funny Girl—I think
would have blown her mind. •

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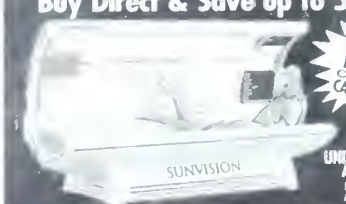
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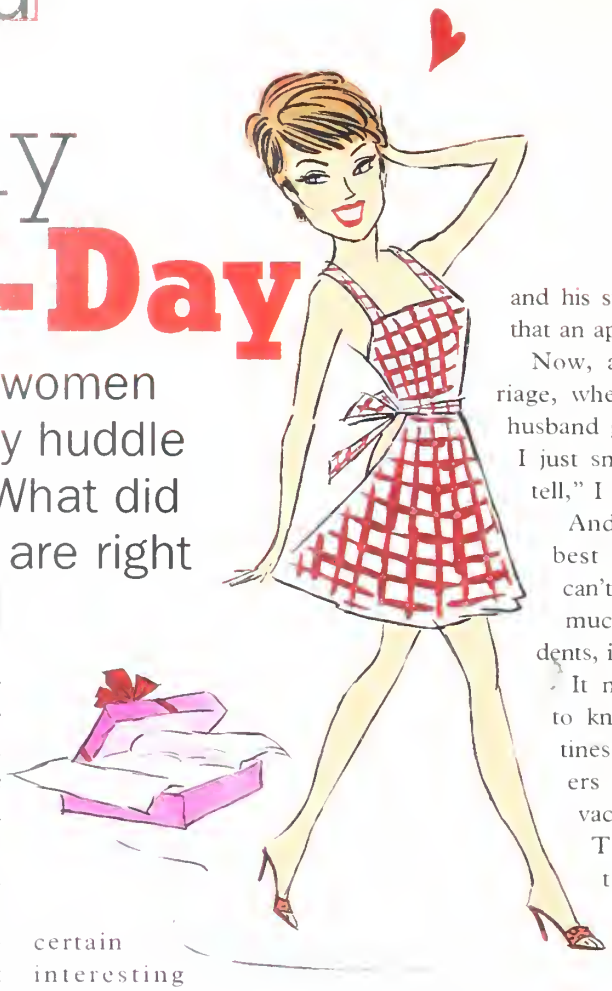
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The Day After V-Day

Men suspect that women all over the country huddle together to ask, "What did he get you?" They are right

by Margaret Renkl



I know lots of men who love their wives—good, honorable men who will rise to hush the baby in the middle of the night and make pancakes on Saturday morning.

None of these good men is fond of Valentine's Day. There's too much pressure. Chocolate and roses are all very well, but they are, as men are all too aware, rather predictable gifts. What every wife dreams of is something heart-stoppingly romantic, even a little wild—a bedroom full of candles and apricot-kernel oil, maybe. Even dull-witted husbands know this.

Anniversaries and birthdays are also occasions for men to mark with marvelous deeds, but these holidays are unique to one's own spouse. Valentine's Day is universal, and every man is in competition with all other men. The day after Valentine's Day, men suspect, women all over the country whisper to one another over the coffee or the copy machine, "What did he give you for Valentine's Day?"

This is not paranoia on the part of husbands. For the first Valentine's Day of our married lives my husband gave me a red-and-white checked apron. I needed an apron, and this was a very nice one indeed. Plus, as he pointed out, it offered certain interesting erotic possibilities when worn alone. But it was not coffee-talk material.

I learned this the hard way. I was teaching at an all-girls' school—is there any creature so romantic as a sixteen-year-old girl?—and when I got to class the morning of February 15, my pupils immediately crowded around me. "Ms. Renkl, what did you get for Valentine's Day?"

Obviously I couldn't point out the worn-next-to-nothing subtext of my gift, so I shooed them back to their desks. "He gave me a very lovely apron," I explained. "Now, open your books to page three-fifteen."

All that day, my students cast sympathetic glances at me when they thought I wasn't looking. They then went straight home and indignantly told their brothers—who were my husband's students at the boys' school down the road—what that unromantic man had given his bride for Valentine's Day. My husband's female colleagues, the school secretaries and his students all let him know that an apron is *not* a valentine.

Now, after ten years of marriage, when people ask what my husband gave me for Valentine's, I just smile. "It's too private to tell," I say.

And that's the truth. The best gifts are the ones you can't discuss with a girlfriend, much less with teenage students, in the cold light of day.

It might comfort husbands to know that the best valentines are not candy or flowers or jewels, nor surprise vacations to exotic places. The best valentines are the mute ones people signal—with their eyes, their familiar smiles, their predictable gifts—after they've watched each other grow a little gray or a little bald or a little heavy in the thigh.

On Valentine's Day, old lovers reach back across time and recall what it's like to be young and uncertain and ferociously in love. And what they want to say is something that young beautiful people holding hands in an expensive restaurant haven't begun to learn: *Before you were born I knew you; you grew like an unborn child beneath my heart. Every bone and plane in your body is fitted exactly with mine, every breath you take fills my lungs with air so new the whole world gleams. Until I knew you, I never knew myself.*

And even if a man could say that out loud, those aren't the kinds of things you report over coffee on the day after Valentine's Day. ●

Margaret Renkl is author of "The Marigold Poems" (Still Waters Press, 1993).

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JOURNAL

MARCH 1999

MICHELLE

Talks about her most heart-wrenching role as the mother of a kidnapped child. Every year, thousands of kids are abducted. Have you seen these missing children?



Morgan Nick, age 6

Mark Himebaugh, age 11

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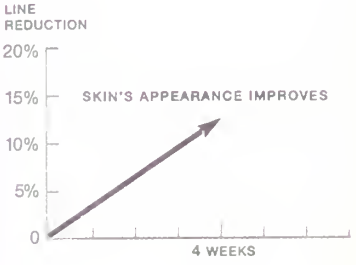
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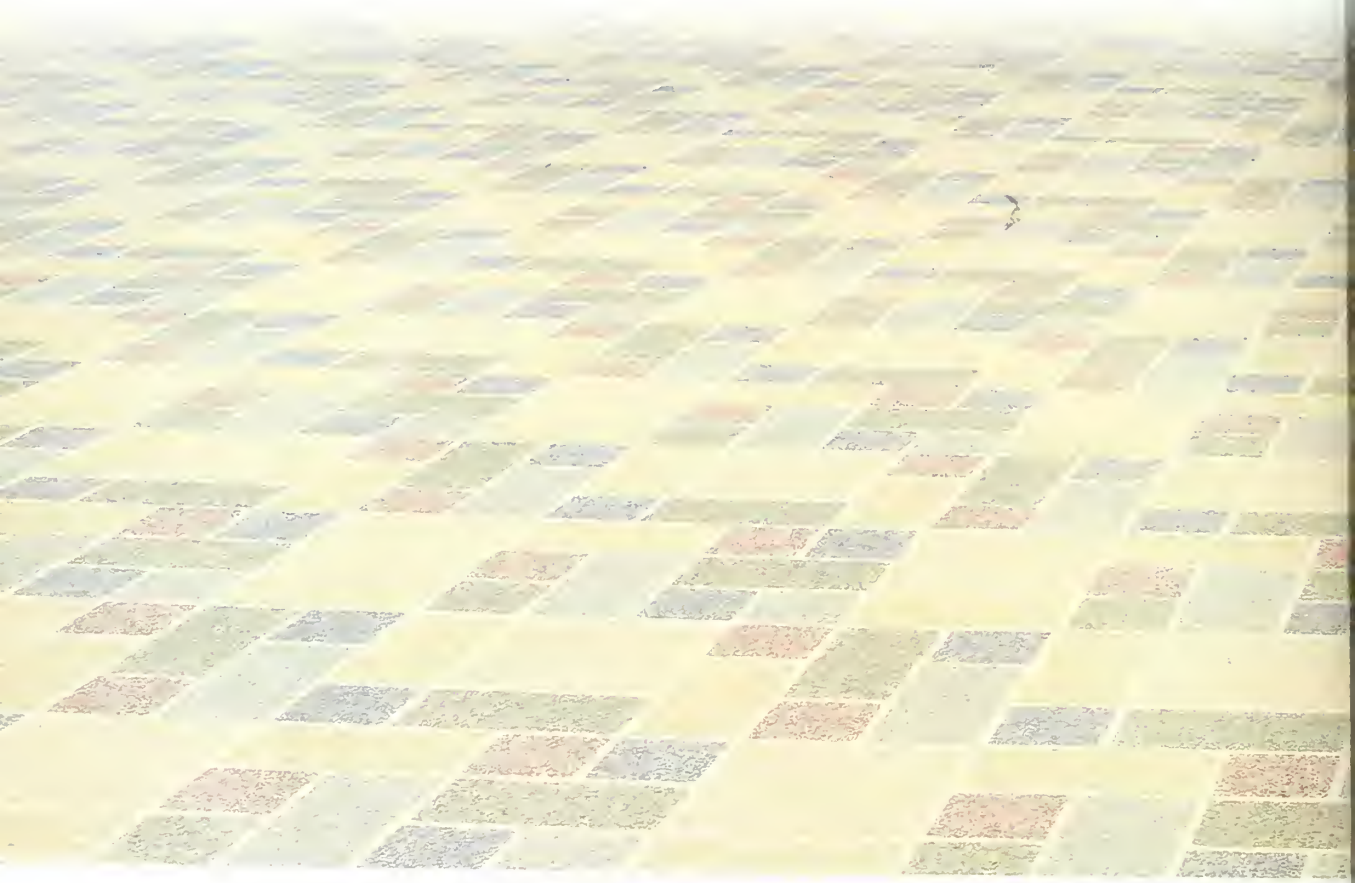
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LADIES' HOME
JOURNAL

March 1999

on the cover

58 WHEN THE SHOOTING STOPPED One year ago, Jonesboro, Arkansas, was the scene of a brutal schoolyard massacre. Now, the survivors try to cope. By Kathryn Casey

69 SEX FOR GROWN-UPS Sorry, all you teenage heartthrobs. Some things get better with age, and making love is one of them. By Carol Lynn Mithers

104 EAT CHOCOLATE . . . And the other surprising things doctors do to stay healthy. By Amy Zintl

122 A MOTHER'S STORY Michelle Pfeiffer talks about her new movie, *The Deep End of the Ocean*, with Jacquelyn Mitchard, the author of the best-selling novel on which the movie is based. Also, read the stories of three real-life missing children, and find out how you can help.

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Help us make history



At *Ladies' Home Journal*, as you probably know, we have been following the lives of five of our readers throughout the decade of the nineties. Their stories have reflected the experiences many of you have shared. Our final installment of "Voices of the Decade" will be in November 1999. Your enthusiasm for the feature and our belief that *Ladies' Home Journal* is the magazine that tells the story of the American woman year by year, decade by decade and century by century has made us eager to begin another series.

Since this is Women's History Month, now is the perfect time to initiate a new project: We are looking for mothers of daughters who will be one, five or ten years old in the year 2000. We will be following the lives of these women and girls at least during the first decade of the twenty-first century, and, we hope, even longer. To be considered for this project, write us an original essay on the topic "My daughter, and what I hope for her in the next century." Your entry should be typed double-spaced and not exceed two pages. Please include photos of you and your child, along with your child's name and birthdate, your name and address, daytime phone number, age, occupation, marital status, number of children, and any other personal information that you think is important for us to know. Mail your entry by June 1, 1999, to Mothers of the Century, *Ladies' Home Journal*, 125 Park Avenue, New York, NY 10017. We will not be able to acknowledge or return photos or essays, or accept E-mail entries. (And, yes, only babies born before June will be eligible to be included in the one-year-old group.)



What does the future hold for the next generation of LHJ readers?

We think this will be a marvelous series of features that in a very personal way begins to tell the story of twenty-first-century women.

We look forward to hearing from you and having you help us make history.

MYRNA BLYTH
Editor-in-Chief

100 Most Important WOMEN



THE GREAT KATE
Katharine Hepburn
1907–

Elegant, outspoken and self-reliant, Katharine Hepburn is a thoroughly modern woman who has brought an uncompromising, no-nonsense Yankee sensibility to both her public and private roles.

From the beginning of her acting career, when she stubbornly resisted the conventions of glamour for the comfort of pants, Kate the Great did things her way or not at all. For that spirited individualism, as well as for a seven-decade screen career that earned her twelve Oscar nominations and a record four best-actress awards (including ones for *The Lion in Winter* and *On Golden Pond*), Hepburn has been an inspiring role model for generations of women.

Her collaborators included some of Hollywood's most distinguished directors and leading men. But Hepburn's greatest partnership was with Spencer Tracy, with whom she made nine movies and shared a twenty-six-year love affair. Never married (Tracy, a Catholic, refused to divorce his wife), the couple remained inseparable until his death a few weeks after the completion of their last movie, 1967's *Guess Who's Coming to Dinner.* Hepburn won her second Oscar for that film, which—in one of her typically unique and personal statements of integrity—she declined ever to watch.



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Jacquelyn Mitchard

When she sat down to chat with actress Michelle Pfeiffer, "we zoomed right past the small stuff," says author Mitchard. One subject of mutual interest: Mitchard's novel *The Deep End of the Ocean*, the film version of which Pfeiffer will star in this year. Mitchard's interview with Pfeiffer begins on page 122.



Firooz Zahedi

"Michelle Pfeiffer is a classic beauty—how can one fail to take a good photo of her?" asks Zahedi, whose stunning photographs of Pfeiffer can be found on our cover and on page 122. The Los Angeles–based photographer's work has also appeared in *Mirabella* and *Time*.



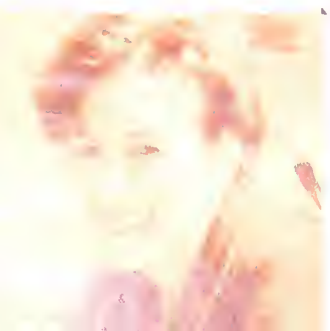
Carol Lynn Mithers

In the popular media, images of sex and sexuality mostly involve young people, which is unfortunate. "As a culture, we need to recognize sex as a wonderful part of adult life," says contributing editor Mithers, who explains why it gets better with age in "Sex for Grown-Ups" on page 69.



Peggie Cypher

Depending on the time of year, freelance writer Cypher's six-year-old son is eagerly awaiting the arrival of the Easter Bunny, Santa Claus . . . or the leprechauns. The leprechauns? Find out how this newfangled family tradition was born in her amusing tale, "A Leprechaun Story" (page 174).



Amy Zintl

Even doctors have a hectic time getting healthy food on the dinner table, discovered health writer Zintl, and so their advice is grounded in reality. She spoke to over a dozen M.D.s for "Eat Chocolate" (page 104), her report on the surprising things experts do to stay healthy.

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"He doesn't respect me"

Jim, a stay-at-home dad, wants Meryl to spend more time with him and the kids, but his constant carping drives her back to the office By Jane Marks

MERYL'S TURN

I think my husband is going to divorce me because I missed our twin six-year-old sons' first T-ball game last week," said Meryl, thirty-eight. "Believe me, I was as excited about this game as Jim was—he's their coach—and I felt terrible. I had stayed up most of the night before to finish a big report, so I'd be able to leave work in time for the game. And just as I was ready to go, my biggest client arrived unexpectedly with a crisis. I left as soon as I could. I ended up taking a cab—which cost eighty dollars—and I still didn't make it.

"The boys didn't sulk for even a minute—they were too busy telling me all about the game. They know I love them and that I tried like crazy to get there. But Jim was disgusted and furious. That night, he actually yanked off his wedding ring. He said, 'I'm leaving and taking the children.' After eleven years of marriage! I was stunned. Why does he always believe the worst about me? I hate his demands, his lack of support. He gives me no credit for being the breadwinner.

"It wasn't always like this. We were both successful—and busy—when we met twelve years ago, grounded by a storm at an airport in Jamaica. Jim, with his safari jacket full of cameras and film, was on assignment for a fashion magazine, and I was an up-and-coming junior executive at a sporting goods company, heading home from a marketing conference. I loved his energy and humor, and I was flattered that he called me right away. This man was really interested in me! But it wasn't until a year later, when I was transferred from Atlanta to New York—where he lived—that we got beyond phone calls and occasional weekends together.

"Excited—and nervous—I wrote him a long letter, saying, 'This move is not about you, so let's not rush things.' But within three months, we were living together and Jim was urging me to marry him. He came from a family who fought a lot, and he seemed awed by my quiet nature. He made me feel so loved and important. I wasn't used to getting attention, as I had grown up feeling invisible. An only child, I lost my mom when I was six; my dad, who was somewhat of a drifter, would leave for months at a time, and my grandmother worked two cleaning jobs to support me. So things were great with Jim and me, and the fact that we were of different races wasn't important.

"For the first five years, our marriage was even better *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple locked in a power struggle, is based on interviews with clients and information from the files of Linda Schnapp, C.S.W., a marriage therapist in Westchester County, New York. The story told here is true, although names and other details have been changed to conceal identities.


MICHELLE PFEIFFER
ROM THE BEST-SELLING BOOK
THE DEEP END OF THE OCEAN
The search for her son was over.
The search for her family was just beginning.
TREAT WILLIAMS JONATHAN JACKSON JOHN KAPELOS AND WHOOPI GOLDBERG
KATE GUINZBURG AND STEVE NICOLAIDES
JACQUELYN MITCHARD
STEPHEN SCHIFF
ULU GROSBARD
COLUMBIA PICTURES

than we'd hoped. Then, quite unexpectedly, I got pregnant. Jim and I hadn't really planned on having kids, but Terry and Jake were an incredible blessing. Jim was shell-shocked at first, but little by little, he forged an incredible bond with the babies. By the time my maternity leave was over—my company let me have six months off—we agreed that I'd go back to work, and instead of hiring help, he would care for the twins. It surprised our friends, but it made sense: Jim's assignments had slowed down, while my company let me know that they had great plans for me.

"When I returned to work, I was promoted to regional director—which also meant longer hours. I thought Jim would be delighted that I was doing so well, but he felt I wasn't paying attention to the kids. He began to lecture me on what I was missing, how I was hurting the kids and him.

"By last spring, when the children turned six, I was virtually supporting us. But instead of being grateful, Jim called me selfish and uncaring if I missed dinner or had to bring work home. It became so painful, I actually looked forward to late nights at the office. I would phone the children for nice long, cozy chats, and pray that Jim would be asleep when I got home. We rarely made love anymore; he was always so aggrieved.

"The boys' T-ball game was the last straw. I love my husband, and honestly, I don't neglect my kids; I've learned how to make the most of my time with them, and we have a very warm connection. I never knew things were so bad with Jim and me, but I'm glad we're finally going to do something about it."

JIM'S TURN

"Meryl has abandoned us all for her career," said Jim, forty-four, a tall, intellectual-looking man. "She has a loving husband and two great boys, but she's interested only in work.

"When we met in Jamaica, Meryl had this calm, almost Buddha-like air about her. She was so sweet, and I wanted some of that in my life. And I'd grown up in a big family with parents who were angry perfectionists, furious that I didn't get A's in school like my older brothers and sister, and that I cared more about art and photography than getting into a top college. My mother was a high-powered professor who always had a stuffed briefcase.

"I'd never dated a black woman before, but it made no difference. Meryl was so lovely, I couldn't take my eyes off her. And the better we knew each other, the more certain I was that we belonged together.

"When the twins were first born, Meryl was the calm one, but I fell

> The stress from their role-reversal left Meryl feeling increasingly resentful and Jim with a bruised ego

in love with them, too, and when her maternity leave ended, I signed on as the house-husband. Life would have been really good, if it hadn't been for the way Meryl let her work intrude into our personal lives. I wanted a happy, close, spiritual, loving family, but where was she? Why can't she set limits on her work? When she's home, she seems preoccupied. I feel neglected when she works until all hours, and I can imagine how hurt the children must feel. Maybe I fly off the handle sometimes, but she seems to care more about her laptop and her cell phone than her own kids. Still, I was optimistic—until the T-ball game.

"I was coaching our children's team, and they were so good. I knew that Meryl would be proud, and she promised she'd be at the opening game. When the day arrived, all the mommies were there except Meryl. That night, I told Meryl I'd had it. She begged me not to leave her, so I said okay, but only if she agreed to therapy. That's what we're here for."

THE COUNSELOR'S TURN

"This couple was locked in a no-win struggle," said the counselor. "When Jim and Meryl decided that he would stay home and she would return to work, they didn't realize how unprepared they were to handle this arrangement. While Jim enjoyed the children, his ego was bruised by the notion that he was essentially unemployed and his wife was doing what has traditionally been considered a man's work. At the same time, Meryl felt emotionally unsupported and increasingly resentful.

"Eventually, the stress from this role-reversal—and the childhood wounds it reopened—took its toll. Jim kept hammering on Meryl, and she retreated. Feeling abandoned, Jim escalated his attacks, which only sent Meryl deeper into her shell.

"It was clear that these two loved each other, but they did not know how to communicate. I recommended a weekend couples' workshop that I give, which is the equivalent of three to six months of weekly couples' therapy.

"I began the weekend discussing how the forces that attract people to each other—in this case, Meryl's calm self-containment and Jim's ability to get close—are often the very forces that create their deepest conflict. Meryl characteristically retreated from strife, and Jim sought relief by demanding attention.

"I then asked each couple to write down their earliest family memories. Meryl's strongest impression was of feeling invisible. Jim recalled being teased by his older siblings and pushed away by his parents, never receiving the calm, focused attention he craved. We then did a parent-child exercise, in which Jim and Meryl each took turns playing the parent figure in each other's *(continued on page 24)*

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7 Dahlberg, Inc.

...from page 20

...ing gently asking, 'What is it like ...living with me?' and really listening to the answer. Jim's painful memories of his mother—involved with everyone and everything but him—came flooding back, and Meryl was overcome as she relived her father's rejection. Each was able to see the other's experience of childhood, and understand some of the emotional scars.

"To help this couple communicate, I taught them three skills. The first is mirroring—repeating a partner's message so they can hear how it sounds to you, as in, 'You still feel sad about that' or 'That was very hard for you.' The second is validating—letting your spouse know that you understand what he says. Empathizing is the third—imagining yourself as the other person and expressing what you'd feel: 'I can imagine how you feel frustrated.' This helped Meryl and Jim understand that the other's behavior was not meant to be hurtful; it simply reflected childhood issues that had never been dealt with.

"After lunch, we talked about power struggles in marriage, which should be seen not as a sign of failure, but as an opportunity for growth. When I encouraged Jim and Meryl to talk about the recent T-ball game, Jim said scornfully, 'You're a workaholic, not a mother.' I stopped them there, and explained that if Jim wanted Meryl to hear him, he'd have to stop shaming her. Jim revised his comments, explaining to Meryl, 'I had counted on your being there. This incident reminded me of my folks, who considered me exasperating, not worth their time.' I asked Meryl to contain her reactions, neither to defend herself nor withdraw. Then it was her turn: 'I was walking out the door, but when this important client arrived unexpectedly, threatening to take his business away, I had to calm him down,' she explained. 'It was very painful for me to miss the game.' Jim had to mirror Meryl's feelings instead of simply expressing his own. The couple got the message: When you can hear the pain behind an issue, you can feel for your partner.

"The day ended with all the couples holding each other gently and expressing unconditional love. This exercise allows the partners to be a source of physical comfort and support for each other. As a result of the day's activities, Meryl became aware that her strong work ethic was a vital source of stability, but could also function as a retreat from intimacy. Jim realized that his own yearning for a parent's loving time and attention had made him overreact to what he saw as Meryl's neglect of their children.

"On the second day we talked about the mind-reading myth: the erroneous notion that our partner is supposed to know what we want without our telling him. I taught Jim and Meryl how to deal with their frustrations by stating what the wanted from each other. The wrote down specific requests, suc as, 'Meryl, from Monday throug Friday, I need you to let the ma chine answer the phone when we' having dinner.'

"The final segment was designe to rekindle each couple's loving fee ings toward each other. I aske them to write as specifically as pos sible about the things that mad them feel loved and cared for—an to give the list to their partne They put some of the suggestion into action immediately and save the list to refer to later.

"By the end of the weekend, Jin and Meryl had a much mor promising strategy for dealing witl conflict. Instead of focusing o changing the other's behavior, the had learned to ask, 'What can I al ter in myself that will make ou lives happier?' The day ended wit Meryl and Jim envisioning their re lationship five year down the road—an feeling joyous anc hopeful.



Meryl and Jim stopped trying to change each other and instead asked, "What can I do?"

"That was almost a year ago. They stil come in from time to time, when they want some help in applying what they've learned to new situations. Jim has become far less reactive; he agrees that Meryl has always made the most of her limited time with the children. Even so, Meryl has begun to set limits on her work in exchange for a small cut in pay. Jim, in turn, has discovered that the children, now in the second grade, no longer need him full-time, and he has expanded his occasional work into a small business, making videos of local sports events and parties. This adjustment has given Jim and Meryl more time with each other and with the kids—and they love being a family again." ●



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Need a lift?

The effects aren't permanent, as with plastic surgery, but some new firming products do visibly tighten skin. Some creams use botanical extracts such as soya and coneflower to gently "lift" skin. Others have retinols that work to smooth and refine. It's like a body shaper for your face, making you feel firmer, at least temporarily. Try: Avon Anew Day Force, L'Oréal Plénitude Revitalift Face and Neck, and Lancôme Instant Lift Concentrate.

BLOOMING BEAUTY

Known for their skin-care products, Oil of Olay is launching a new line of color cosmetics next month. And to celebrate, on March 20, all across the country, Oil of Olay will give away 500,000 mini floral bouquets along with a mini trio of their new lipsticks. To get yours, just go to a participating FTD florist in your area (800-799-6529) while supplies last. The Oil of Olay Color Collection, including foundation, lipstick and nail polish, will be available in stores in April.

Oil of Olay says it with tulips, daisies and daffodils

simply SABRINA



XOXO polyester shell, $34

Made famous by Audrey Hepburn in the 1954 film *Sabrina*, the boatneck is back as one of the coolest looks for spring and summer wear. Choose solids or sailor stripes with style details like three-quarter-length sleeves (also enjoying a retro revival), or go for a tailored sleeveless shell.



XOXO Essentials cotton tee, $32



Gap knit sweater, $38

When considering menopause and the consequences of its associated estrogen loss, consider the entire body of evidence.

: For the past 10 years, research has explored ons surrounding the consequences of pause and cognitive functioning, memory, lzheimer's disease.

h: Research continues to explore the iation between tooth loss and pause.

omfortable symptoms: For over ars, it's been known that estrogen ssociated with menopause s the hot flashes and night ts that often influence d and sleep.

ality: Half a century of study has confirmed estrogen loss causes vaginal thinning and ess and increases the frequency of vaginal tions, which can be uncomfortable and fere with intimacy.



Eyes: Ongoing research continues to investigate cataracts in postmenopausal women, as well as age related macular degeneration, the leading cause of blindness in the aging population

Heart: Since the 1950s, large-scale clinical trials have researched cardiovascular disease in postmenopausal women, looking at cholesterol, heart attacks, and death.

Colon: Ongoing research continues to explore the risk of colon cancer among postmenopausal women.

Bone: Decades of research have proven that estrogen loss decreases bone mineral density and increases the risk of fractures from osteoporosis.

ay, we know more than ever about the consequences of estrogen loss during and after menopause, and the effect it has on your entire y. We also know that not all therapies for conditions associated with menopause are the same – and that some may not impact many ll of these important health issues. Talk to your doctor. Because the more you know about menopause, the better you'll be able to tect your future health.

message is sponsored by the Wyeth-Ayerst Women's Health Research Institute, devoted exclusively to the discovery and development edicines that help women live healthier lives.

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Fine Wrinkles? Brown Spots? Roughness?

Ask Your Dermatologist About Renova®, From The Makers Of Retin-A®.

RENOVA, WITH A TOTAL SKIN CARE PROGRAM, WORKS.

When sunscreens and moisturizers are not enough, ask your doctors about adding RENOVA. RENOVA is unlike any cosmetic wrinkle cream. It is a prescription cream that is proven to work when used in combination with a total skin care program including sunscreens and protective clothing.

Because RENOVA is a prescription cream, you won't find it on any cosmetic shelf, you'll need to see your doctor. And while it won't work overnight, it can work for you.

HOW RENOVA AND RETIN-A ARE THE SAME. AND DIFFERENT.

RENOVA is a rich emollient cream whose active ingredient is a vitamin A derivative like the one naturally occurring in your body. It's called Tretinoin. The same active ingredient in RETIN-A.

But while RETIN-A is formulated for acne-prone skin, RENOVA is a rich emollient cream developed to treat fine wrinkles, brown spots, and surface texture. Leaving your skin with a softer, smoother texture. While not fully understood, researchers believe RENOVA works in the skin to reduce these signs of sun damage.

Like other prescription medications, RENOVA has been tested for safety and effectiveness. While it will *not* eliminate wrinkles, repair sun damaged skin or reverse the aging process, it is proven to *reduce* fine wrinkles, *fade* brown spots, and *smooth* roughness.

When you use RENOVA, you can expect to experience some redness, itching, or flaking. This is most often mild, and most common when treatment is started. When using RENOVA, or any cosmetic wrinkle cream, you should limit exposure to the sun and always use a sunscreen.

RENOVA is not appropriate for everyone, so talk to your doctor if you are on other medications, pregnant or nursing. See attached information for further explanation on who should or should not use RENOVA. RENOVA is a skin irritant. Results of use beyond 48 weeks have not been established in controlled clinical trials. Clinical trials in those over 50 or with moderately or heavily pigmented skin have not been conducted.

Call today for your FREE information kit and $10 savings.

1-800-64-RENOVA

www.wrinklereport.com

Fine Wrinkles

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents minimal improvement. 64% of patients experienced either minimal(40%) or moderate(24%) improvement. 36% experienced no improvement.

Brown Spots

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents moderate improvement. 65% of patients experienced either moderate(38%) or minimal(27%) improvement. 35% experienced no improvement.

See following page for important information. *© OPC 1999 04DD3086*

RENOVA®

(tretinoin emollient cream) 0.05%



RENOVA®

(TRETINOIN EMOLLIENT CREAM)

0.05%

RENOVA® (re-NO-vah)

Generic Name: Tretinoin Emollient Cream (0.05%)

FOR TOPICAL USE ON THE FACE ONLY

Patient Information

What is the Most Important Information about RENOVA?

RENOVA is a serious medication. It does not eliminate wrinkles or repair sun-damaged skin. It may help treat fine wrinkles, spotty discoloration and rough feeling skin, but it does not "cure" these conditions. RENOVA should only be used under supervision of your health care provider as part of a broad skin care program. This program should include avoiding direct sunlight (by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing facial creams that do not contain tretinoin.

You should use RENOVA only at bedtime. Do not use drying skin care products. Use the smallest amount of RENOVA needed and avoid getting it in your eyes, ears, nose or mouth.

WARNING. Do not use RENOVA if you are pregnant or attempting to become pregnant. Avoid sunlight and any other medicines that may increase your sensitivity to sunlight (see below).

RENOVA has not been studied in people who are over 50 years of age or in people with moderately or darkly pigmented skin.

What is RENOVA?
(WHAT CAN I EXPECT FROM RENOVA?)

RENOVA is a serious medication that may help treat but will not "cure" fine wrinkles, spotty skin discoloration, and rough feeling skin.

Studies show that after 24 weeks, about 30% of the people who used RENOVA for fine wrinkles or spotty discoloration had moderate improvement, another 35% had minimal improvement and 35% had no improvement. About 16% of the people who used RENOVA for rough skin had moderate improvement, 35% had minimal improvement, and 49% had no improvement. There is no evidence that RENOVA treats coarse skin, deep wrinkles, yellowing skin, or other skin care problems.

RENOVA should be used as part of a broad skin care program. This program should include avoiding direct sunlight (by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing facial creams that do not contain tretinoin. Many people can achieve desired effects by using this program without using RENOVA. You should not use RENOVA until you have tried a broad skin treatment program without RENOVA.

When you use RENOVA, improvement in fine wrinkling, spotty skin discoloration and rough skin is not immediate and occurs gradually over time. Generally, you may notice some effects in 3 to 4 months. The effects are usually most noticeable at about 6 months with little additional improvement after that time. If RENOVA treatment is stopped, the improvement will gradually diminish.

The safety of using RENOVA daily for more than 48 weeks has not been established.

Who Should Not Use RENOVA?

You should not use RENOVA if you are sunburned or highly sensitive to the sun, if you have eczema, or if your skin is irritated. RENOVA can cause increased skin irritation and increased susceptibility to sunburn.

Since RENOVA may make your skin more sensitive to sunlight, you should tell your health care professional if you are also using other medicines that increase sensitivity to sunlight because you should not be using RENOVA with these medicines. These include but are not limited to: thiazides (used to treat high blood pressure), tetracyclines, fluoroquinolones or sulfonamides (used to treat infection), and phenothiazines (used to treat serious emotional problems). If you are taking any prescription medicines, non-prescription medicines or using any facial creams, check with a health care professional to make sure they do not interact with RENOVA.

Pregnancy Warning. Safe use during pregnancy has not been shown. There are reports of birth defects with laboratory animals and humans that were given tretinoin by mouth. You should not use RENOVA if you are pregnant or trying to become pregnant.

It is not known if RENOVA is passed to infants through breast milk. Safe use in children has not been shown.

The safety and effectiveness of RENOVA for people over age 50 or with darker skin coloration has not been proven.

How Should I Use RENOVA?

You should apply RENOVA to your face once a day before retiring using only enough to cover the entire affected area lightly. Gently wash your face with a mild soap, pat the skin dry, and wait 20 to 30 minutes before applying RENOVA. Apply a pea-sized amount of cream to cover your entire face. You may feel a warmth or slight stinging when RENOVA is first applied.

You must be especially careful when applying the cream to avoid your eyes, ears, nostrils, or mouth. RENOVA may cause severe redness, itching, burning, stinging, and peeling if applied to these areas.

Using larger than necessary amounts of RENOVA will not speed results and can cause an overdose. An overdose can result in red and peeling skin as well as some pain or discomfort.

You may use cosmetics after applying RENOVA. Make sure to clean your face thoroughly before applying RENOVA again.

What Should I Avoid While Using RENOVA?

RENOVA increases your sensitivity to sunlight. Avoid sunlight as much as possible. Use protective clothing and a sunscreen with a minimum SPF of 15. Do not sunbathe or use sunlamps. If you are sensitive to sunlight or have a job that requires you to be out in the sun for long periods, you must use extreme caution.

While using RENOVA, avoid any products that can dry or irritate the skin. For example, avoid products applied to the skin that contain alcohol, spices, or lime. Also, avoid cleansers, hair removal, or other products that can irritate the skin.

What Are the Possible Side Effects of RENOVA?

The most common side effects are skin reactions. Itching, red, and dry skin have been reported. So have burning, stinging, and peeling skin. These are most often mild and are most common when treatment is started.

How Can I Get Additional Information?

This leaflet summarizes the most important information about RENOVA. If you would like more information, talk to your doctor or other health care provider. There is also a leaflet written for health professionals that your pharmacist can provide for you.

ORTHO

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey 08869

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U.S. Patent# 4,603,146, 4,423,041 and 4,877,805

Retin-A®
(tretinoin)

Cream · Gel · Liquid
For Topical Use Only

PATIENT INSTRUCTIONS

Acne Treatment

IMPORTANT

Read Directions Carefully Before Using

THIS LEAFLET TELLS YOU ABOUT RETIN-A (TRETINOIN) ACNE TREATMENT AS PRESCRIBED BY YOUR PHYSICIAN. THIS PRODUCT IS TO BE USED ONLY ACCORDING TO YOUR DOCTOR'S INSTRUCTIONS, AND IT SHOULD NOT BE APPLIED TO OTHER AREAS OF THE BODY OR TO OTHER GROWTHS OR LESIONS. THE LONG-TERM SAFETY AND EFFECTIVENESS OF THIS PRODUCT IN OTHER DISORDERS HAVE NOT BEEN EVALUATED. IF YOU HAVE ANY QUESTIONS, BE SURE TO ASK YOUR DOCTOR.

WARNINGS AND PRECAUTIONS

The effects of the sun on your skin. As you know, overexposure to natural sunlight or the artificial light of a sunlamp can cause sunburn. Overexposure to the sun over many years may cause premature aging of the skin and even skin cancer. The chance of these effects occurring will vary depending on skin type, the climate and the care taken to avoid overexposure to the sun. Therapy with RETIN-A may make your skin more susceptible to sunburn and other adverse effects of the sun, so unprotected exposure to natural or artificial sunlight should be minimized.

Laboratory findings. *When laboratory mice are exposed to artificial sunlight, they often develop skin tumors. These sunlight-induced tumors may appear more quickly and in greater number if the mouse is also topically treated with the active ingredient in RETIN-A, tretinoin. In some studies, under different conditions, however, when mice treated with tretinoin were exposed to artificial sunlight, the incidence and rate of development of skin tumors was reduced. There is no evidence to date that tretinoin alone will cause the development of skin tumors in either laboratory animals or humans. However, investigations in this area are continuing.*

Use caution in the sun. When outside, even on hazy days, areas treated with RETIN-A should be protected. An effective sunscreen should be used any time you are outside (consult your physician for a recommendation of an SPF level which will provide you with the necessary high level of protection). For extended sun exposure, protective clothing, like a hat, should be worn. Do not use artificial sunlamps while you are using RETIN-A. If you do become sunburned, stop your therapy with RETIN-A until your skin has recovered.

Avoid excessive exposure to wind or cold. Extremes of climate tend to dry or burn normal skin. Skin treated with RETIN-A may be more vulnerable to these extremes. Your physician can recommend ways to manage your acne treatment under such conditions.

Possible problems. The skin of certain sensitive individuals may become excessively red, swollen, blistered or crusted. If you are experiencing severe or persistent irritation, discontinue the use of RETIN-A and consult your physician.

There have been reports that, in some patients, areas treated with RETIN-A developed a temporary increase or decrease in the amount of skin pigment (color) present. The pigment in these areas returned to normal either when the skin was allowed to adjust to RETIN-A or therapy was discontinued.

Use other medication only on your physician's advice. Only your physician knows which other medications may be helpful during treatment and will recommend them to you if necessary. Follow the physician's instructions carefully. In addition, you should avoid preparations that may dry or irritate your skin. These preparations may include certain astringents, toiletries containing alcohol, spices or lime, or certain medicated soaps, shampoos and hair permanent solutions. Do not allow anyone else to use this medication.

Do not use other medications with RETIN-A which are not recommended by your doctor. The medicine you have used in the past might cause unnecessary redness or peeling.

If you are pregnant, think you are pregnant or are nursing an infant. No studies have been conducted in humans to establish the safety of RETIN-A in pregnant women. If you are pregnant, think you are pregnant or are nursing a baby, consult your physician before using this medication.

GELS ARE FLAMMABLE. Note: Keep away from heat and flame. Keep tube tightly closed.

AND WHILE YOU'RE ON RETIN-A THERAPY

Use a mild, non-medicated soap. Avoid frequent washings and harsh scrubbing. Acne isn't caused by dirt, so no matter how hard you scrub, you can't wash it away. Washing too frequently or scrubbing too roughly may at times actually make your acne worse. Wash your skin gently with a mild, bland soap. Two or three times a day should be sufficient. Pat skin dry with a towel. Let the face dry 20 to 30 minutes before applying RETIN-A. Remember, excessive irritation such as rubbing, too much washing, use of other medications not suggested by your physician, etc., may worsen your acne.

HOW TO USE RETIN-A (TRETINOIN)

To get the best results with RETIN-A therapy, it is necessary to use it properly. Forget about the instructions given for other products and the advice of friends. Just stick to the special plan your doctor has laid out for you and be patient. Remember, when RETIN-A is used *properly*, many users see improvement by 12 weeks. AGAIN, FOLLOW INSTRUCTIONS – BE PATIENT – DON'T START AND STOP THERAPY ON YOUR OWN – IF YOU HAVE QUESTIONS, ASK YOUR DOCTOR.

To help you use the medication correctly, keep these simple instructions in mind:



- Apply RETIN-A once daily before bedtime, or as directed by your physician. Your physician may advise, especially if your skin is sensitive, that you start your therapy by applying RETIN-A every other night. First, wash with a mild soap and dry your skin gently. WAIT 20 to 30 MINUTES BEFORE APPLYING MEDICATION; it is important for skin to be completely dry in order to minimize possible irritation.

- It is better not to use more than the amount suggested by your physician or to apply more frequently than instructed. Too much may irritate the skin, waste medication and won't give faster or better results.

- Keep the medication away from the corners of the nose, mouth, eyes and open wounds. *Spread away from these areas when applying.*

- *Cream:* Squeeze about a half inch or less of medication onto the fingertip. While that should be enough for your whole face, after you have some experience with the application you may find you need slightly more or less to do the job. The medication should become invisible almost immediately. If it is still visible, you are using too much. Cover the affected area lightly with RETIN-A (tretinoin) Cream by first dabbing it on your forehead, chin and both cheeks, then spreading it over the entire affected area. Smooth gently into the skin.

- *Gel:* Squeeze about a half inch or less of medication onto the fingertip. While that should be enough for your whole face, after you have some experience with the medication you may find you need slightly more or less to do the job. The medication should become invisible almost immediately. If it is still visible, dry flaking occurs from the gel **within a minute or so,** you are using too much. Cover the affected area lightly with RETIN-A (tretinoin) Gel by first dabbing it on your forehead, chin and both cheeks, then spreading it over the entire affected area. Smooth gently into the skin.

- *Liquid:* RETIN-A (tretinoin) Liquid may be applied to the skin where acne lesions appear, spreading the medication over the entire affected area, using a fingertip, gauze pad, or cotton swab. If gauze or cotton is employed, care should be taken not to oversaturate it to the extent that the liquid would run into areas where treatment is not intended (such as corners of the mouth, eyes, and nose).

- It is recommended that you apply a moisturizer or a moisturizer with sunscreen that will not aggravate acne (noncomedogenic) every morning after you wash.

WHAT TO EXPECT WITH YOUR NEW TREATMENT

RETIN-A works deep inside your skin and this takes time. You cannot make RETIN-A work any faster by applying more than one dose each day, but an excess amount of RETIN-A may irritate your skin. Be patient.

There may be some discomfort or peeling during the early days of treatment. Some patients also notice their skin begins to take on a blush.

These reactions do not happen to everyone. If they do, it is just your skin adjusting to RETIN-A and usually subsides within two to four weeks. These reactions can usually be minimized by following instructions carefully. Should the effects become excessively troublesome, consult your doctor.

BY THREE TO SIX WEEKS, some patients notice an appearance of new blemishes (papules and pustules). At this stage it is *important to continue* using RETIN-A.

If RETIN-A is going to have a beneficial effect for you, you should notice a continued improvement in appearance after 6 to 12 weeks of therapy. Don't be discouraged if you see no immediate improvement. Do not stop treatment at the first signs of improvement.

Once your acne is under control you should continue regular application of RETIN-A until your physician instructs otherwise.

IF YOU HAVE QUESTIONS

All questions of a medical nature should be taken up with your doctor. For more information about RETIN-A (tretinoin), call our toll-free number: 800-426-7762. Call between 9:00 a.m. and 3:00 p.m. Eastern Time, Monday through Friday.

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MAKING EYES

With newly designed brushes and [illegible] now can help you lash out better than ever. Follow our guide to choosing the right eye-opener for you.



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How it works: The brush grabs and lifts lashes, and the quick-drying wax formula instantly sets the curl.
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Volumizing

How it works: Ultradense multilevel brushes drench lashes with a thick coat of color.
Try: Elizabeth Arden Natural Volume Mascara.

Separating

How it works: A sculpted brush and smudge-proof formula work together to distribute color to each lash with more precision.
Try: Cover Girl Professional Advanced Mascara.

Move of the Month





Jon Giswold, a NYC-based trainer known for his tough boot-camp drills at the Reebok Club and author of *Basic Training* (St. Martin's Press, 1998) offers this waist-trimmer to get you in shape for spring's body-conscious clothes. To do: Lie on the floor, knees bent, arms at sides, as shown. Roll up, reaching both hands toward the left knee; return to starting position. Repeat on right side, keeping movements slow. Try to do two sets, 24 crisscrosses per set, two to three times a week.

CONSULT YOUR DOCTOR BEFORE EXERCISING.

PARTING SHOTS



A lot of Hollywood celebs are catching major *Zzz*'s—in their hair. Top stylist Kevin Mancuso shares the secret to this popular zigzag part in his new book, *The Mane Thing*. Using the point end of a tail comb, quickly squiggle through your hair. The trick is keeping the tip of your comb at an angle and in constant contact with your scalp as you run the comb along.

EXCERPT FROM "THE MANE THING," BY KEVIN MANCUSO. COPYRIGHT © 1999 BY KEVIN MANCUSO AND ALIAS BOOKS, INC. REPRINTED WITH PERMISSION OF LITTLE BROWN AND COMPANY, INC. ALL RIGHTS RESERVED.



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SOLE MATES

From walk to weekend, day to night, our pick of pretty, fun and functional shoes will have you steppin' out in style

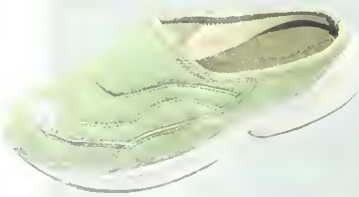
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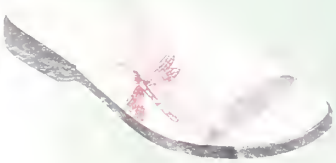
Chic sneaks: Hot new bright colors add style to function. Guess? ($55)



These clear slides demand freshly polished toes in a dramatic color to keep the look high-tech. Chinese Laundry ($39)



DKNY's morphed mule in ultra-suede with a rubber sole is a perfect fit with jeans. ($59)



Give khakis a kick with this trendy, embroidered slip-on slide. Rampage ($42)

day to night



Sexy platforms in pink, spring's hottest color. Pazzo ($60)



Crystal bugle beading adds movie-star shimmer. Looks great with capris. Frankie and Baby by Beverly Feldman ($98)



Hot off the runway—see-through vinyl mules with an elegant Sabrina heel. Chinese Laundry ($39)



This sophisticated and feminine pink leather thong from Sam & Libby is a great dress shoe. ($44)

dress casual



In a must-have pastel, the ballerina flat works with every style in your closet. Sam & Libby ($40)



New loafer alternative: A gray, tailored snub-toe slide anchors a classic pantsuit or skirt. Nine West ($59)



Spring update! Mary Janes add a vintage look to long fluid skirts and slips. Prima Royale ($40)



High-class style for half the price of traditional leather loafers. Jones New York Sport ($55)

office-friendly



Chic slingbacks in a leg-lengthening and versatile nude shade. Focus ($79)



Ally McBeal would love these chunky-heel, square-toe slingbacks. Kenneth Cole Reaction ($68)



With a supportive ankle strap, this nubuck sandal becomes a sturdy walking shoe. Jones New York ($50)



French-style heels with nine-to-five wearability. Nina Comfort ($85)

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My mother and I have shared many things over the years. We never imagined that we might share DES-related cancer, too

I blame a hormone my mother took more than forty years ago for causing my cancer. By Susan Helmrich, as told to Elizabeth Meade Howard

A FRIGHTENING LEGACY

I was only twenty-one in 1977 the day a doctor told me that I was sick because my mother took a now-controversial drug while she was pregnant with me. That day, in the doctor's office, I joined tens of thousands of women in a long and continuing journey through illness, infertility and fear.

From 1938 to 1971, about ten million American women and their children were exposed to diethylstilbestrol (DES), a synthetic form of estrogen doctors often gave to pregnant women to prevent miscarriages. In 1953, a major study showed that, in fact, DES was *not* effective against miscarriage, but the medical community seemed to ignore the study, and doctors continued to prescribe DES.

Women who took the drug may have a greater than average chance of developing breast cancer—and our family thinks it's no coincidence that my mother had the disease when she was thirty-nine. Men exposed to DES in the womb may be infertile or have testicular abnormalities. "DES daughters" like me are at risk for cervical and vaginal cancers and are often infertile; if they do become pregnant, they're at high risk for miscarriage, tubal pregnancy or premature delivery. And as we enter our forties, DES daughters face a new and equally difficult issue: Should we take hormone replacement therapy (HRT) to treat menopausal symptoms, even though it was an artificial hormone that injured us in the first place?

My ordeal began when I was fourteen. My periods were irregular and I was plagued by an unpleasant vaginal discharge, but doctors repeatedly dismissed my complaints. As a biology major at Syracuse University, in upstate New York, I consulted the doctors at the college clinic. They all agreed that I was perfectly healthy.

My mother was pretty sure she had taken DES, and it seemed logical, since she had suffered a miscarriage before my older brother was born. However, her obstetrician had retired years earlier, and her medical records had been lost.

By the time I graduated from Syracuse in 1977, my symptoms included bleeding between periods. The gynecologist I consulted sent me to a specialist, who examined my vagina through a colposcope (a large magnifying lens). My parents went with me to the follow-up appointment. Together, we learned that I had vaginal adenosis—a rare, noncancerous tissue on my vagina that was producing the discharge—and two polyps that needed to be biopsied. The specialist explained that my vaginal cells were also abnormal, and that all these signs clearly pointed to DES exposure.

Two days later, the doctor summoned me to his office *(continued)*



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told me the results of the biopsy. I had a rare cancer called clear-cell adenocarcinoma. I needed surgery right away. "It's associated with your mother's taking DES," he said.

I was in such a state of shock that my first thought was whether I would ever be able to have children. When the doctor said, "No," I broke down and cried.

I was so worried about telling my mother the news. I knew she'd feel guilty. She talked and wept all night long. What if my cancer had spread? Was I going to die? She asked, "Why couldn't this have happened to me instead?"

I said, "But, Mom, it *did* happen to you."

I underwent surgery two weeks later, at Memorial Sloan-Kettering Cancer Center, in New York City. During the ten-hour procedure, my uterus, vagina and some pelvic lymph nodes were removed, and my vagina was reconstructed from part of my colon.

On my very first night home from the hospital, I unexpectedly had to rush back to the emergency room because I had a bowel obstruction. Over the next twenty years, I would be hospitalized fifteen times for complications from the original surgery.

As a child, I had always wanted to be a doctor; now, I never wanted to see a hospital again. Instead, as I recuperated and started reading more about DES and vaginal cancer, I felt a calling to be an epidemiologist (a medical researcher specializing in the incidence and distribution of disease).

One of the things I learned in my medical studies was that the chance of a DES-exposed daughter's developing the rare clear-cell cancer is alarmingly high—forty times greater than that of the general public.

I filed a malpractice suit against Syracuse University for misdiagnosing my life-threatening illness. The case was later settled out of court.



A surrogate helped us have our beautiful children

"Why couldn't this have happened to me instead?" my mother asked. "But, Mom," I said, "it *did* happen to you"



In college I competed; now I swim to stay healthy

Inspired by a similar lawsuit against a drug company, I also wanted to sue Eli Lilly, the maker of the DES my mother had taken. At that time, however, the New York State statute of limitations extended only to three years from the time of exposure to a toxic substance. For the next six years, I lobbied the New York State legislature to amend the law.

The most frustrating part of this ordeal was going through it alone. Ever since my diagnosis, I had been trying to find other DES-exposed young women who had also had cancer, so I could share my sadness and frustration with someone who truly understood. I attended a meeting of DES Action, an advocacy group, but few people there were cancer survivors.

Eventually, a woman named Margaret Lee Braun, then about twenty-eight, another DES daughter who had been treated for clear-cell cancer, contacted me. Like me, she was single, and she lived relatively close by. In 1982, the two of us launched The DES Cancer Network (DCN) to bring together DES-exposed adults who were also cancer survivors. The network eventually grew to become an international organization.

One winter night in 1985, I met Richard Helmrich, a psychiatrist at Harvard. He says he knew instantly that he wanted to marry me; after a week, I had fallen in love with him, too.

I told Richard my medical history on our first date. He listened with tears running down his cheeks. Still, as our whirlwind romance deepened, I worried that he might change his mind once he fully realized that he'd never be able to have biological children with me. After about a month, I told him, "We need some time apart," and asked him not to come back until he had thought seriously about the issue. Richard returned twelve hours later, hugged me and said, "I don't care that you can't have children. It's better that we know."

That spring, Richard and I moved to northern California, and I began studying for my doctorate at the University of California, Berkeley. We were married in 1986.

We were honeymooning in Hawaii when the call came: The New York bill revoking the previous statute of limitations on lawsuits against drug manufacturers had passed. Now, plaintiffs could pursue a *(continued)*


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I'm teaching my thirteen-year-old daughter, Brittany, how to succeed by teaching her how to fail. I'm an aspiring novelist and so, like anyone in the arts, have been forced to deal with steady rejections. Having Brittany see me get my rejected manuscripts back in the mail, and then, undaunted, revise and send them back out again, has been an important lesson to my daughter on the power of persistence.

Three years ago, Brittany began competing as a Level 4 gymnast. While she did not have as much natural talent as some of her teammates, she worked hard at her sport and never gave up. Last year she competed as a Level 5 gymnast. By the end of the year, her coaches chose her to receive the 100% Effort Award.

I tell Brittany that most "overnight successes" come after years of struggle and hard work. I'm letting my daughter see that I'm struggling and failing, too. But I'm not giving up. And that's the real definition of success in life and the secret to self-esteem.

Answer Key: Once you've helped her identify a problem, teach her to develop a plan to solve or manage it. Suggest that she approach the situation in several different ways and see which one makes the most sense to her.

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lawsuit within three years of discovering that their illness was a result of exposure to a toxic substance. I was thrilled to be present at the signing and to meet then-Governor Mario Cuomo. The news meant that I was now free to sue.

The trial began the following November and lasted three weeks. In the end, I was awarded a relatively fair judgment, though the amount was much less than the $1 million and up that a few DES daughters with a history of clear-cell cancer have received in lawsuits since then. Nonetheless, I'm glad I helped pave the way for other women.

After much discussion, Richard and I decided to start a family with the help of the Center for Surrogate Parenting, in Beverly Hills. We were paired with a wonderful surrogate, and to our joy, our son, David, was born in 1991. Two years later, the same surrogate conceived and carried our daughter, Aly. Richard and I were present at both births, and we continue to call and visit our surrogate regularly.

In the midst of this joy, DES continued to haunt me. By the time David turned four and Aly was two, I had been hospitalized five more times for various health problems. Then in 1993, when I was thirty-eight, my remaining ovary became infected and had to be removed. That put me into early menopause. It was horrible.

I tried every natural remedy I could find to ease my discomfort: diet, exercise, herbs, acupuncture. Nothing worked, so I talked to my gynecologist. While she understood my risks as a DES daughter, she also believed that having no estrogen in the body is dangerous for any woman, because estrogen is believed to protect against heart disease and other health problems. She gave me a low dose of synthetic estrogen, and within a day, I felt much better. Still, every time I take my estrogen, I'm reminded of how I got here in the first place.

Hormone therapy after menopause is just one of the many DES-rate issues that still needs to be stud In 1991, Margaret and I, along wit DES Action, lobbied Congress, on sumer groups and the National an cer Institute to revitalize nat n research. In 1992, President us signed the DES Education and Re search Amendments, which an marked federal research n education funds for the cause fo th first time. At least five National In tutes of Health studies are follo r the impact of DES, too.

I'm now the chairman of D which has members in forty st and seven countries. I want to sp a the message that everyone born b tween 1938 and 1971 should f out whether his or her mother o DES. As many as half of all D related cases go undiagnosed; ei the patients don't know that t mothers took the drug, or else e don't connect DES to their sy p toms. It's vital that any woman w knows or suspects that her mo e took DES has an annual gynecol g cal exam, and Pap smear taken fi the upper vagina as well as a cervix, to check for abnormal cells

After being cancer-free for t decades, I developed a cancerous t mor on my bronchial tube last win I underwent surgery to remove t tumor, and my prognosis is excelle

Last August marked the twen first anniversary of my clear-cell c cer surgery; my mother has b cancer-free for thirty-two yea We're celebrating the survival of DES nightmare together. ●

For more information, contact DES A tion USA, 1615 Broadway, #5 Oakland, CA 94612, 800-337-9288, The DES Cancer Network, 514 1 Street N.W., Suite 400, Washingt DC 20004-1403, 800-337-6384 or line at DESNETWRK@aol.com.

The DES Daughters Listserv a Online Support Group can be reached www.surrogacy.com/online_support/des

Men exposed to DES can contact DES Sons Network, 104 Sleepy H low Place, Cherry Hill, NJ 0800 609-795-1658.

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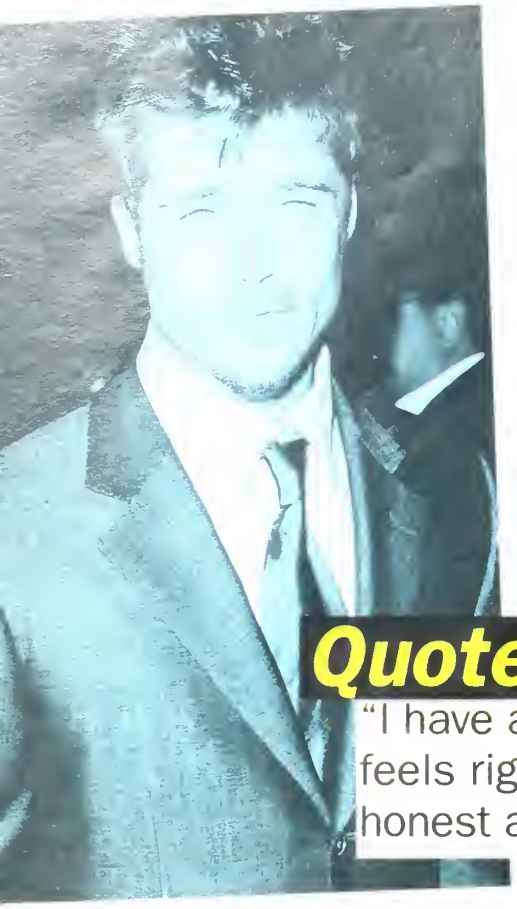
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newsline report

CNN, The World's News Leader, and *Ladies' Home Journal* present up-to-the-minute facts and findings about the world today



WHY WAIST SIZE MATTERS

Research now shows that women who carry more fat around the waist than the hips are at greater risk for heart disease—even if they're at a healthy weight. "It's not how much total fat you have, but how it is distributed, that affects risk," says researcher Kathryn Rexrode, M.D., at Brigham and Women's Hospital, in Boston.

In the study, women who had the highest waist-to-hip ratio were three times as likely to develop heart disease as those with the lowest ratio. Women with waistlines of thirty-eight inches or more were also found to have three times the risk compared to those with waists of twenty-eight inches or less. Rexrode explains that fat within the abdominal cavity appears to be associated with poor cholesterol profiles, higher triglyceride levels and greater insulin resistance.

—Linda Ciampa, *Your Health*

Quote of the Month

"I have a hard time with morals. All I know is what feels right. What's more important to me is being honest about who you are." —Brad Pitt, on *Showbiz Today*

RETIREMENT REPORTS

By late this year, all workers age twenty-five and older will get statements from the Social Security Administration. When you do, here's what to look for.

1. A RECORD OF YOUR LIFETIME EARNINGS. **Check this number to make sure it is accurate. If there's a mistake, call the Social Security Administration at 800-772-1213 to correct it.**
2. THE AMOUNT OF MONEY YOU HAVE CONTRIBUTED TO THE PLAN.
3. A GENERAL ESTIMATE OF HOW MUCH YOU CAN EXPECT TO RECEIVE IN RETIREMENT UNDER THREE SCENARIOS: **at age sixty-two with reduced benefits; at full retirement at the standard age of sixty-five; or if you keep working until age seventy. For more information, visit *www.ssa.gov*.**

—John Metaxas, *Your Money*



NO MORE SURGERY?

Researchers have combined advanced imaging techniques and laser treatment to come up with a procedure that kills cancerous breast cells without surgery. In this technique, doctors insert a hollow needle into the breast. A laser is then threaded through the needle, and heat is applied for about ten minutes to kill the cancer cells. Fifteen women with early-stage breast cancer volunteered for the treatment. "We found we could accurately define the treatment zones with imaging and that we effectively killed the cells within those zones," says Steven Harms, M.D., a radiology professor at the University of Arkansas for Medical Sciences, in Little Rock. However, researchers say it is far too early for claims of a new, improved treatment.

—Dan Rutz, *Your Health*

Watch CNN's *Your Money* for personal finance (Saturdays, 4:30 P.M., E.T.) and *Your Health* for the week's top medical news (Saturdays, 7:30 A.M., and Sundays, 3 P.M., E.T.).



IF DINNER HAS TO BE IN THE OVEN BY 6:00, YOU BETTER MAKE DARN SURE YOU'RE HOME BY 5:55.



ONE DISH CHICKEN & RICE BAKE

PREP TIME: 5 MIN. COOK TIME: 45 MIN.

1 can (10 3/4 oz.) Campbell's® Condensed Cream of Mushroom Soup *or* 98% Fat Free Cream of Mushroom Soup
1 cup water*
3/4 cup uncooked regular white rice
1/4 tsp. paprika
1/4 tsp. pepper
4 skinless, boneless chicken breast halves

1. In 2-qt. shallow baking dish mix soup, water, rice, paprika and pepper. Place chicken on rice mixture. Sprinkle with additional paprika and pepper. Cover.
2. Bake at 375°F. 45 min. or until chicken and rice are done. Serves 4.

*For creamier rice, increase water to 1 1/3 cups.



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It's the end of a long, busy day and this little girl is sleepy. She pops her thumb into her mouth and cuddles her favorite blanket close. Her "blankie" is printed with illustrations of Precious Moments® characters, including the famous "Jesus Loves Me" boy hugging a teddy bear. No wonder she loves it so!

"Jesus Loves Me" is the first issue in a new collection of porcelain baby dolls entitled Precious Moments *Baby Blessings*. She's a baby doll with such appeal that you'll want to scoop her into your arms for a hug. Her thumb fits nicely into her rosebud mouth and her big blue eyes, framed with hand-set lashes, gaze up at you endearingly. She wears a two-piece pale yellow outfit with an appliqué of the "Jesus Loves Me" girl with her floppy-eared white bunny.

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THE ASHTON-DRAKE GALLERIES

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How long does it take to do your hair?

And are you getting the most from the time you spend? Five women—from the just-minutes minimalist to the over-an-hour obsessed—share their hair dos a don'ts. How does your routine stack up



Arianne, 26

THE GOAL: Building body into long, baby-fine hair.

HER STRATEGY: "Immediately after shampooing and conditioning, I towel-dry my hair, detangle it with a brush and apply a straightening gel before blow-drying." (Time: ten minutes.) "I flip my head over and dry my hair upside-down. While drying, I comb through it, starting at the back and moving to the front and sides. After flipping back up, I spritz a flexible-hold hairspray to prevent flyaways and static electricity." (Time: ten minutes.)

THE LESSON: Fine hair needs daily washing and blow-drying to build in body. While volumizing products are a good place to start, Arianne's technique of flipping hair forward to blow-dry is the key to adding volume without overworking and ultimately flattening her hair.

Arianne's arsenal pumps up the volume





The ingredients that help Alison's hair hold the straight line



Alison, 28

THE GOAL: Straightening very thick, slightly wavy hair. **HER STRATEGY:** "I start with a two in-one shampoo/conditioner followed by a second application of conditioner. After showering I towel-dry my hair and apply an anti-humectant gel pomade to smooth my hairline and the ends." (Time: fifteen minutes.) "When it's about half dry, I cli my hair into eight sections and dry each, using a big round brush to roll it up, then down and under. I do each section twice for a really smooth finish." (Time: fifty minutes.)

THE LESSON: For Alison's hair to stay straight, it has to be thoroughly dry, but all that hea can be damaging. Since her hai is colored, the extra applicatio of conditioner is a necessity to help hair stand up to a lengthy daily straightening routine.


Recommended for all audiences.
Milk has 9 essential nutrients, which makes it one of the most nutritious things you and your kids can drink. Finally. A wholesome blockbuster.



10 minutes

Barrie, 28

THE GOAL: Enhancing natural curls and fighting frizz. **HER STRATEGY:** "Since I can comb through my hair only when it's wet, I shampoo and condition every day, and I use a formula made for color-treated hair. After showering, I spray on a leave-in conditioner and blot (never rub or curls will tangle) excess water. Next I spritz on an anti-frizz gel and blow-dry with a diffuser, scrunching and separating the ringlets with my fingers for no more than five or six minutes." (Time: nine minutes.) "Then, my hair air-dries for about forty-five minutes while I get dressed and put on makeup. The final touch is three spritzes of hairspray at the roots for extra volume." (Time: one minute.) **THE LESSON:** Even though Barrie's hair is naturally curly, it isn't completely wash-and-go. But she keeps time spent on it to a minimum by using products that target specific needs, and she's lucky that she can let her hair air-dry while she tends to other things.



Barrie's streamli routine starts h

Tara, 24

THE GOAL: Keeping short, thin hair from falling flat. **HER STRATEGY:** "I shampoo with a revitalizing, body-building formula, but use a conditioner only a few times a week. Then I blow-dry, using my fingers to fluff. Sometimes I apply a styling pomade on my bangs, but I often just set them with a bobby pin, which I remove at work thirty minutes later." (Time: five minutes.) "For special occasions, to get extra lift at the crown, I roll the hair on a round brush and leave the brush there while I blow-dry." **THE LESSON:** Tara recently cut time from her routine by cutting her hair. Because her newly shorn hair is thin, she needs a drying technique that doesn't strip the volume she does have, so forgoing a brush when blow-drying (it can stretch hair too much, flattening it) is a good move.

5 minutes



Tara's short-hair body builders



75 minutes

Lisa, 35

THE GOAL: Smoothing hard-to-manage, densely curly hair. **HER STRATEGY:** "I shampoo my hair in a bath, then apply handfuls of conditioner to leave in while I soak. After twenty minutes I comb my hair under water—this way, a wide-tooth comb slides right through." (Time: thirty minutes.) "When I'm done bathing, I pull my hair into a really tight ponytail to keep it out of the way while I do my makeup. Then I part my hair in four sections and dry each, using a blow-dryer with a comb attachment." (Time: forty-five minutes.) **THE LESSON:** Lisa devotes quite a chunk of time to taming her tresses, but the result is the straight-hair look she likes. When time is tight, though, she scrunches in an anti-frizz gel to play up her curls.



Lisa's smooth operators

Produced by Heidi Schiller





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Be Kneaded

You deserve it, and it feels oh so good. But now you have another reason to enjoy a good rubdown. "We've known, anecdotally, that people who get regular massages seem to get sick less," says Adela Basayne, president of the American Massage Therapy Association, in Evanston, Illinois. And now there's proof: Three studies that evaluated the benefits for male and female HIV and cancer patients as well as healthy individuals found that regular massage can boost the immune system. In the studies, those who received regular massages not only reported less stress, but were found to have better-functioning "natural killer" cells, the ones that attack disease. Basayne recommends having a rubdown at least once a month. The average cost is $1 per minute (your insurance may cover it). Or, you can swap massages with your husband at home.

—Sarah Smith

HIGH-STAKES GLAMOUR

If you usually hobble in high heels for fashion's sake, new research may lead you to reconsider. Scientists at the Harvard-affiliated Spaulding Rehabilitation Hospital, in Boston, recently tested twenty women between the ages of twenty and forty; first the women walked barefoot and then in heels slightly more than two inches high. When wearing heels, the women registered 23 percent more strain on the knee than when barefoot, suggesting the stress traveling up the leg could eventually wear down the shinbones, causing premature osteoarthritis of the knee (a degenerative condition that leads to pain, stiffness and swelling). "The damage is irreversible, so the less you wear heels, the better," says lead researcher D. Casey Kerrigan, M.D., who speculates that platforms are as harmful as stilettos, and that the higher the heel, the more the trouble. Your best bet: Opt for flats as often as possible, and, when you must wear heels, keep them under two inches. —Marcy Lovitch

WHAT'S NEW IN '99

A new year, a new you. That's the promise you made January 1, but do you still need a nudge in the right direction? Fret not: In 1999, getting fit means lightening up, trying new things and having more *fun*. Here are the hottest health and fitness trends as they are shaping up coast-to-coast this year. —Anna Roufos



in	out
Eating good fats (found in fish, avocado, nuts, olive oil)	Counting fat grams
Elliptical trainers (part climber, part treadmill)	Sliding, stairclimbing
Yoga	High-impact workouts
Tasting and enjoying food	Eating on the run
Green tea	Diet soda
Outdoor gym classes	Sweaty studios
Group rowing, treadmill and weight-lifting classes	Working out solo
ExerHoops (Hula Hoops used for body sculpting)	Resistance bands
Women-specific apparel, such as hiking boots and backpacks better suited to female anatomy	Unisex gear
Exer-surfing: bikes with Internet stations at health clubs	Watching the tube while working out

H_2O REPORTS

Now you can know for sure what's flowing out of your tap. The Environmental Protection Agency is requiring utilities to supply consumers with annual water-quality reports, including information on where their water comes from, their water system's compliance with health rules, susceptibility to contamination, and recent water-testing results. The first reports should reach the consumers with their water bills over the next six months. If you don't receive a water bill, you can call 800-426-4791 for more information or visit *www.epa.gov/safewater.*

—Christine Many


FAST, LASTING RELIEF FROM A BURNING THROAT.
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Chloraseptic
Spray
5 SPRAYS FOR INSTANT RELIEF THAT STAYS.

WHEN THE *SHOOTING* STOPPED



12:30-35 P.M.

The fire alarm rings in Westside Middle School. Students, including Sara Short (pictured above, with her mother and younger sister), and teachers file out of the school into an open area



12:36 P.M.

Terror takes over as shooters Andrew Golden and Mitchell Johnson open fire on the crowd. Teacher Shannon Wright (shown in the portrait held by her husband, Mitchell, and her son, Zane) throws herself in front of a student, saving the child's life. Wright is fatally wounded



12:38 P.M.

Police receive the first emergency phone calls. They arrive on the scene minutes later. Four students die in the shooting, including eleven-year-old Britthney Varner (shown here in the photo held by her older sister, Brandi, mother, Suzann Wilson, and brother, Clayton)

One year ago, Jonesboro, Arkansas, was the scene of a brutal schoolyard massacre. Today, the survivors struggle to cope with the tragedy—and wonder how it ever could have happened

By Kathryn Casey

March 24, 1998, is the day Jonesboro will never forget. On that afternoon, two young boys—Andrew Golden, eleven, and Mitchell Johnson, thirteen—lay in wait outside Westside Middle School, dressed in camouflage and armed with rifles. Minutes earlier, Andrew had snuck into the school and pulled the fire alarm. As a stream of unsuspecting children poured onto the playground for what they thought was a fire drill, the two boys took aim and began shooting. After it was over, four young girls and a teacher were dead, ten people were injured and the town was overwhelmed with horror and grief.

In August, a judge sentenced Andrew and Mitchell to juvenile detention, where they can be held until their twenty-first birthdays—the maximum allowed under state law. Both boys' families plan to appeal the judgment. Since Arkansas has no juvenile facilities for youths over eighteen, Mitchell could be released in four years; Andrew in less than six. Once they're freed, their records will be expunged, and they will even be able to buy weapons legally—leaving many to wonder if justice has been served.

Today, those whose lives were forever changed in that schoolyard are trying to heal. Here are their stories.

(continued)

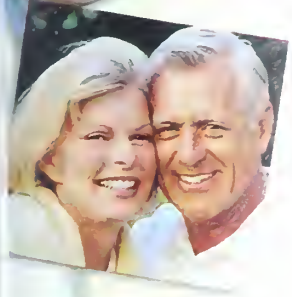
TOOTHPASTE UPDATE

The Orajel Report

f you answer "yes" to these questions, you should switch to Orajel Gold Sensitive Teeth Toothpaste For Adults.

	Yes	No
1. Recently my teeth have become sensitive and painful when I have hot coffee or cold foods.	☐	☐
2. I want a sensitive teeth toothpaste that really works to relieve pain.	☐	☐
3. I'd like a sensitive teeth toothpaste with more cavity-fighting fluoride than Sensodyne.	☐	☐
4. I want my sensitive teeth toothpaste to taste good.	☐	☐







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The secret's in the bag."



Make-It-Easy Chicken Dinner

1 Reynolds Oven Bag, large size (14" x 20")
2 tablespoons flour
1 envelope golden onion soup mix
1 cup water
3 medium carrots, cut in chunks
2 medium red potatoes, cut in wedges
1 medium green bell pepper, cubed
6 chicken pieces, skin removed
Seasoned salt, pepper

PREHEAT oven to 350°F.
SHAKE flour in Reynolds Oven Bag; place in 13x9x2-inch baking pan.
ADD onion soup mix and water to oven bag. Squeeze oven bag to blend in flour. Add carrots, potatoes and green pepper to oven bag. Turn oven bag to coat ingredients with sauce. Sprinkle chicken with seasonings; add to oven bag. Arrange chicken and vegetables in an even layer in oven bag.
CLOSE oven bag with nylon tie; cut six 1 2-inch slits in top.
BAKE 55 to 60 minutes or until chicken is tender. **Easy Clean Up.**
Makes 4 servings.



For recipes and tips, call 1-800-745-4000. Or visit www.reynoldskitchens.com

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WHEN THE SHOOTING STOPPED

Continued

"MY DAUGHTER DIDN'T HAVE TO DIE"

Suzann Wilson, 38
Husband: Bruce Wilson, 42
Children: Brandi, 14; Clayton, 1
Killed in shooting: daughter Britthney Varner, 11

I always believed that if one of my children died, I'd go crazy. But I've since learned that the pain is so great the mind absorbs it in little pieces. Maybe that's God's way of helping us cope.

Britthney was a tiny girl. She had freckles, cornflower-blue eyes, and she loved practical jokes. She had a grin that lit up her face.

Yet Britthney always seemed older than her years. She was the one who sat with me at the hospital before I gave birth to her little brother, Clayton. She doted on him, carrying him everywhere. She was also close to her older sister, Brandi. Britthney told us that when she grew up, she wanted to be Miss America and a teacher—and have a whole slew of kids.

The last time I saw her was that Tuesday morning, when she ran to catch the bus. "Good-bye, Mom! I love you!" she yelled.

That afternoon, I was shocked to hear people at the nursing home where I work talking about a shooting at the school. We all assumed it was the high school, and I worried about Brandi. My best friend, Deana, and I drove to the high school. Then we heard someone shout that the shooting had been at the middle school, and we ran toward the building. I couldn't believe what I saw there: Police cars and ambulances crowded the parking lot; kids were clustered near the gym, sobbing.

"They've taken Britthney to the hospital," one teacher told me.

I ran back toward the car. I desperately wanted to believe my baby would be okay.

At the hospital, a nurse said Britthney was in surgery. Then she asked Deana to come with her. A few minutes later, a doctor came out to tell me my little girl was dead. (I later learned that Deana had identifie[d] body.) I began to sob.

Britthney had been shot twi[ce] the arm and in the pelvis. She[...] hemorrhaged to death. When I [saw] her lying on a stretcher, I thou[ght] had to be a terrible dream. This [...] can't be real, I told myself, be[cause] it's more than I can bear.

Britthney's funeral was a blur. I [re]member my stepdaughter sing[ing] "My Heart Will Go On"—Britth[ney's] favorite song—from the m[ovie] *Titanic*. About five hundred pe[ople] attended; some I hadn't see[n] many years. I held myself toge[ther] maybe because I knew I had to. [If] had let myself feel the pain, I m[ight] never have gotten through it.

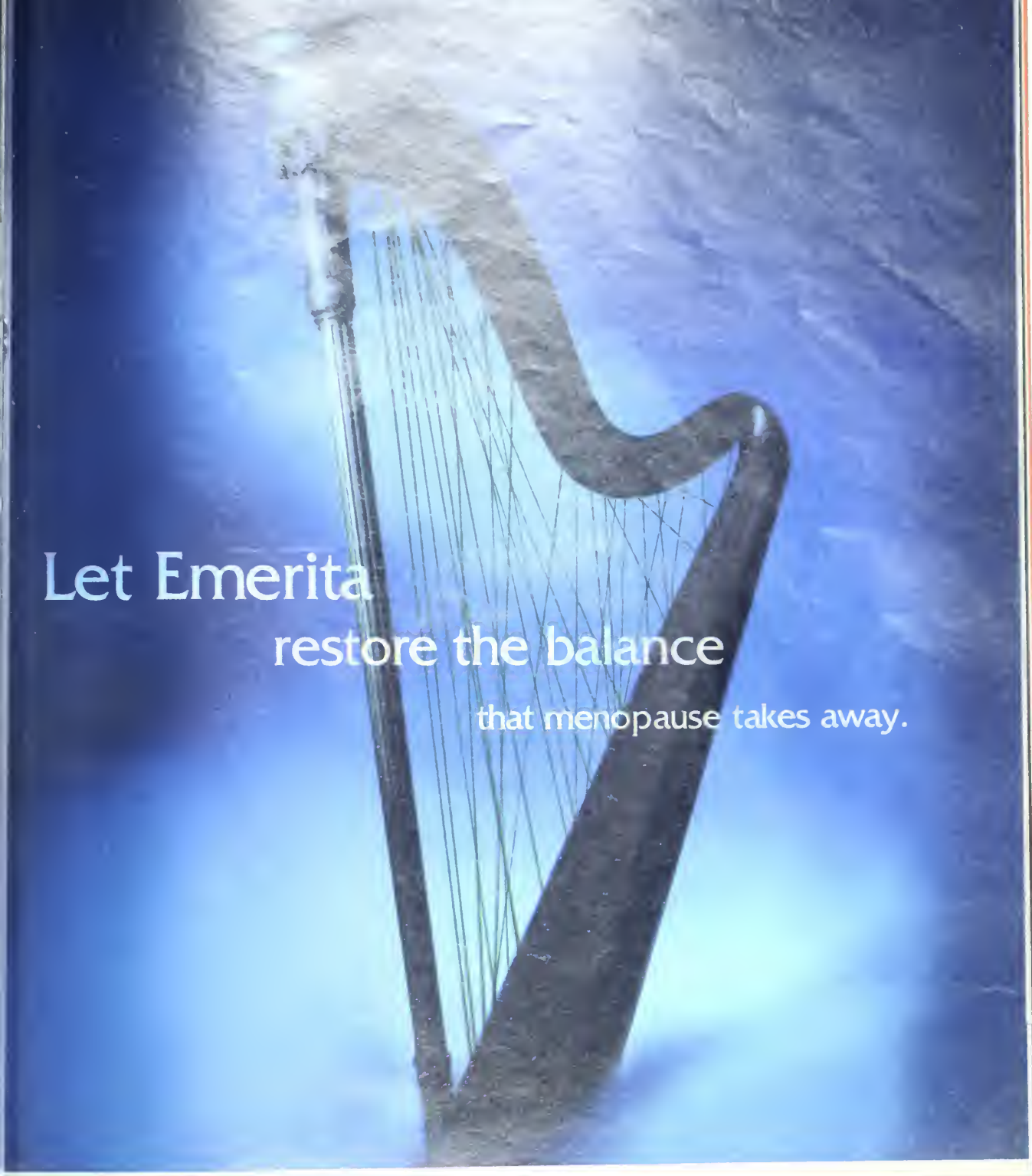
Afterward I tried to think of s[ome]thing, anything, Britthney might [have] said about those boys to explain [why] they'd done it. But I can't remem[ber] her even mentioning them in pass[ing].

The first time I saw Andrew [...] Mitchell in person was at the [sen]tencing hearing. That's when I [re]ized they were just two little kid[s]. left the courtroom feeling frustr[ated] and overwhelmed. I don't want [to] see them locked up forever, but [they] must be held accountable. [My] daughter's life and the lives of [the] others they murdered are wo[rth] much more than four or five years.

Last spring, I helped form a lob[by]ing group, People Against Violen[ce] Everywhere, in an effort to cha[nge] the laws. I even testified bef[ore] Congress in support of a bill [that] would force firearm manufacturers [to] make new guns childproof and h[old] parents responsible if their weap[ons] are used by minors. I also beli[eve] that juveniles who commit su[ch] heinous crimes should serve m[ore] time. How can we teach children [the] dangers of guns, and the value of [a] man life, if killing is punished w[ith] little more than a slap on the wris[t]? ask myself that question every day.

Not long ago, Brandi came to [me] with tears in her eyes. "I miss Brit[t]," she said. All I could do was hold [her] and say, "I know. I miss her, too."

Before last March, we rarely ev[en] locked our doors. Now *(continu[ed])*



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THE SHOOTING STOPPED

I'm not sure my family will ever feel safe again.

"I'LL NEVER FORGET"

Sara Short, 12
Student at Westside Middle School who was caught in the shooting
Mother: Trish Medlock, 38
Stepfather: Ricky Medlock, 39
Sister: Emily Medlock, 8

I didn't think I'd ever go back to Westside after those boys killed my best friend, Britthney Varner, and my English teacher, Mrs. Wright. Our school had always felt safe. It doesn't anymore.

The night before the shooting, Britthney and I talked on the telephone while we watched the Academy Awards. We discussed the fact that Kate Winslet didn't win for *Titanic*. We both loved the movie.

The next morning, Mitchell and Andrew (Drew) weren't on our school bus. Sometimes Drew sat with me, but we weren't friends. He and Mitchell were always showing off and teasing kids, especially the girls, and I used to get mad at that.

My math teacher was calling the roll that afternoon when the fire alarm went off. We walked outside, and suddenly, I heard this loud popping noise, like firecrackers. Something flew by my head. I thought it was a bee, but someone shouted that it was a bullet. A person—I'm still not sure who—grabbed my arm and pulled me to safety.

I was shaking and scared, and I huddled with the other kids. Pretty soon word came that the police had caught the shooters. It was Drew and another boy. I said, "Mitchell?" And someone said, "Yeah." I don't know how I knew, I just did.

I had gone inside the gym when Drew's dad walked up to me and asked if I'd seen his son. "The police arrested Drew and Mitchell for shooting at us," I told him.

"No!" Mr. Golden said. I could see he was in shock. "Drew couldn't have done that. He wouldn't have done that." He kept saying it.

I called my parents to tell them what had happened. When they arrived at the school, my mom hugged me and cried. As we left, I tried not to look at the bloody rags that lay on the sidewalk.

That night I watched the evening news. They said Mrs. Wright was hurt. Then Britthney's photo flashed on the screen and they said she was dead.

I ran to the bathroom, sobbing. "Those bastards killed my best friend!" I cried. I thought about Drew and Mitchell, and I was glad they'd been caught. I wanted to hurt them, just like they'd hurt Britthney.

School reopened on Thursday, two days after the killings. All the kids and teachers were nervous and upset. Lots of students stayed home. One of my classes was especially hard because both Britthney and Drew had been in it.

For a long time afterward, I kept asking my mom to take me to the jail to talk to Drew. I wanted to know why he did it. Some people say that even though he and Mitch are kids, they should be executed. I don't think so. I want them to live, and I want them to remember every day what they did.

But I do worry about them getting out of jail and coming back. My mother wants me to go to counseling to talk about the shootings, but I won't. There are a lot of things I don't remember about that day, things I've blocked out. I think my mind did that on purpose. I don't want to remember. There's enough I'll never forget.

A policeman works at our school now. But I still don't feel safe.

The other kids and I don't talk much about what happened. But something reminds me of Britthney almost every day.

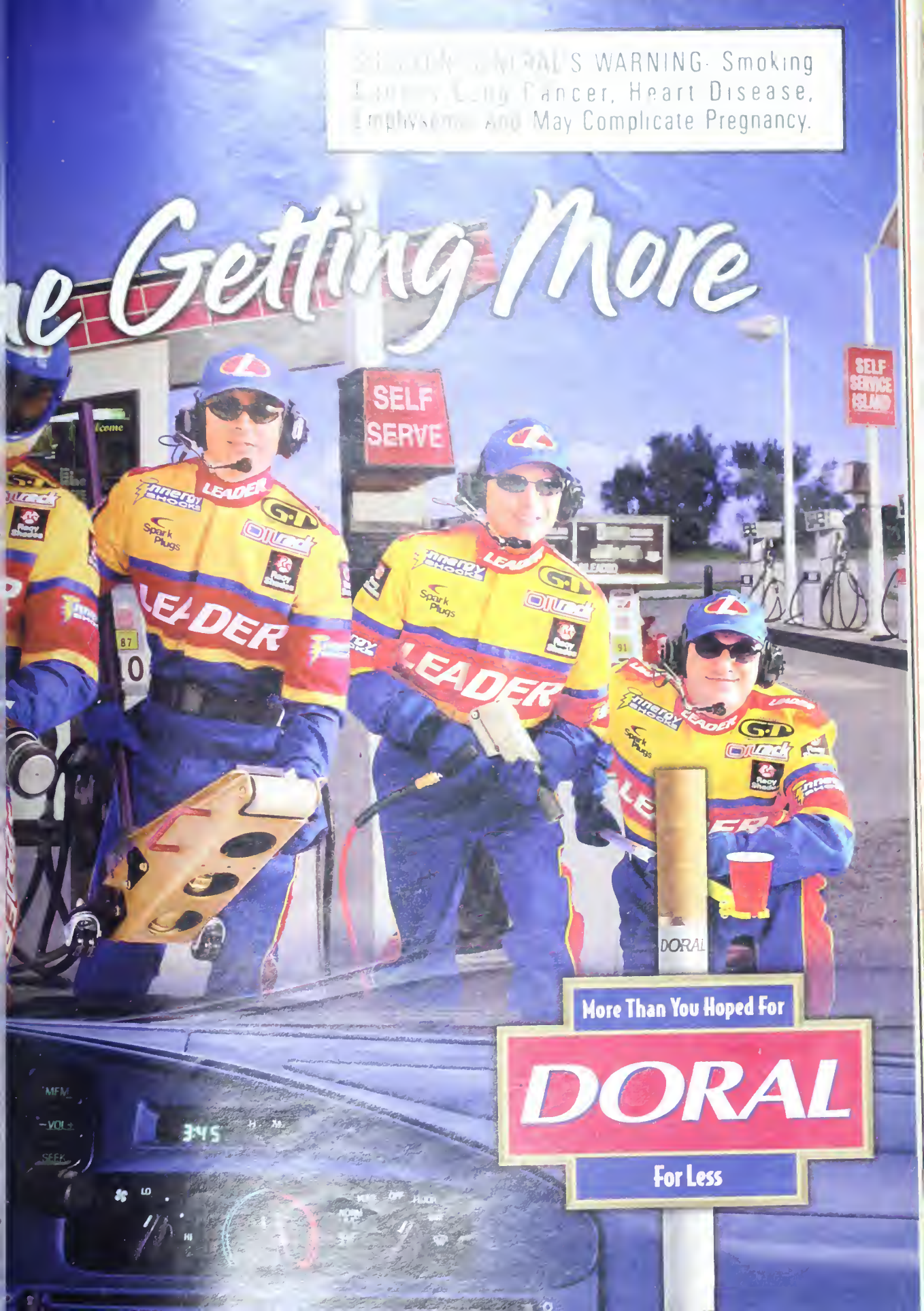
I thought she'd always be my friend.

IN LOVING MEMORY

Mitchell Wright, 33
Son: Zane, 3
Killed in shooting: wife Shannon Wright, 32

(continued)




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THE SHOOTING STOPPED

It didn't surprise me when I learned that my wife had sacrificed her own life to shield one of her students from the bullets. In all the world there were two things she loved most—our son, and teaching at Westside Middle School.

Shannon worked as a teacher for most of our marriage. The 1997 school year was her sixth at Westside. She loved all her students. To her they were all her kids, and she'd have done anything for them.

The morning of the shooting I had to get up early to go to work. As I was leaving, Shannon opened her eyes for just a moment, then drifted back to sleep.

Later that haunted me. How I wish I'd hugged and kissed her.

My boss and I were driving back from an appointment that afternoon, when I heard a radio announcement of a school shooting. I instinctively knew it was Westside. I sped there, my heart pounding, and ended up blocks away, unable to get any closer. There was chaos: ambulances, police cars, sobbing children, terrified parents. I jumped out of the car and searched for Shannon. I couldn't find her anywhere.

Someone finally told me she'd been taken to the hospital. "I don't know how bad it is," he said. "She's been shot."

When I got to the hospital, Shannon's family was already there, and so was Zane.

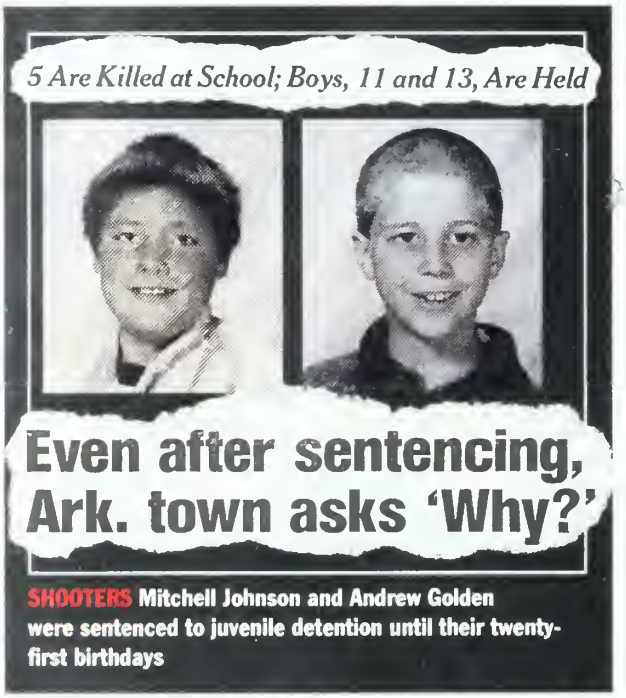
"How bad is she?" I asked her relatives. I was afraid to hear the answer.

A chill ran through my body as her relatives explained Shannon had been shot three times, once in the abdomen. The doctors were trying to stabilize her before taking her into surgery.

The hours ticked by as we waited for news. By evening, Shannon was out of surgery and in recovery, and things were looking better.

Then one of the surgeons approached me. "The bullets shattered her rib cage, and we've had to give Shannon forty-three units of blood," he said.

Minutes later, two nurses ran out to tell us that Shannon's heart had stopped. The doctors were working frantically to revive her. I prayed, asking God to let her live. But fifteen minutes later, the physicians told us Shannon was dead. I hugged my in-laws and cried.



SHOOTERS Mitchell Johnson and Andrew Golden were sentenced to juvenile detention until their twenty-first birthdays

At home, later that night, I explained to Zane that God had taken his mother to heaven so she wouldn't hurt anymore.

Zane began looking under the beds and in the closet. "Momma's playing hide-and-seek," he said, as I fought to hold back tears. "I'm going to find her."

"Momma can't come home, Zane," I answered, holding him tight. "But I promise, someday you'll see her again."

As Zane and I struggled with our grief, I thought about Andrew and Mitchell. How could they commit such premeditated, terrible murders? At the hearing, Mitchell said he was sorry, but I didn't see any repentance in his eyes. In Andrew I saw only evil.

I also wonder about the boys' parents and Andrew's grandparents who helped raise him. Why didn't they know what their children were up to? I'm currently suing all of them to prevent them from ever selling their stories and profiting from Shannon's death. None of them has ever called to say they're sorry the boys killed Shannon. How could they not do that? And does the fact that Andrew and Mitchell could be freed so quickly mean a person's worth is gauged by the age of the person who murders her? That's not right.

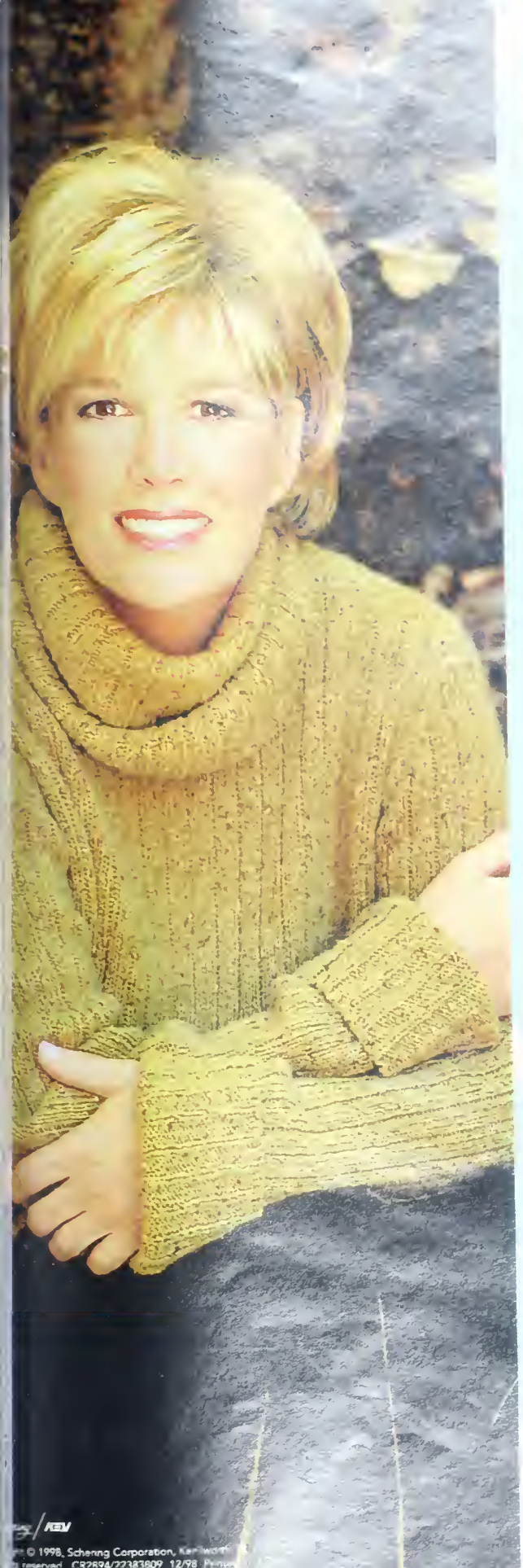
Last fall, I sold our house. I couldn't live there without Shannon. I also worried about my son's future. (It helps that friends started an education trust fund for him at Regions Bank in Jonesboro.)

For a long time, Zane kept asking where his mother was and when she'd be coming home. I know he must think about what happened. One day he told me that he'd protect me, telling me not to worry. "I'll keep those bad boys away," he said.

Today, my son and I are trying to get on with our lives. But Shannon will always be with us. I've started writing down memories of her for Zane when he's older—things such as our trip to Walt Disney World the week before she died, and how she'd rock him to sleep and sing to him.

I miss Shannon the most at night. Once I found myself crying over an old photo album at one-thirty in the morning. I often recall her final words. The maintenance man at the school told me that as Shannon lay badly wounded on the playground, she looked up at him and said, "Tell Mitch I love him and to take care of Zane." ●

Kathryn Casey is a contributing editor of Ladies' Home Journal.



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INDICATIONS AND USAGE: CLARITIN is indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis and for the treatment of chronic idiopathic urticaria in patients 6 years of age or older.

CONTRAINDICATIONS: CLARITIN is contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS: General: Patients with liver impairment or renal insufficiency (GFR < 30 mL/min) should be given a lower initial dose (10 mg every other day). (See **CLINICAL PHARMACOLOGY**: Special Populations.)

Drug Interactions: Loratadine (10 mg once daily) has been coadministered with therapeutic doses of cimetidine, diazepam, and ketoconazole in controlled clinical pharmacology studies in healthy adult volunteers. Although increased plasma concentrations (AUC 0-24 hrs) of loratadine and/or descarboethoxyloratadine were observed following coadministration of loratadine with each of these pharmacologic agents (n = 24 in each study), there were no clinically relevant changes in the safety profile of loratadine as assessed by electrocardiographic parameters, clinical laboratory tests, vital signs, and adverse events. There were no significant effects on QT_c intervals, and no reports of dysrhythmia or syncope. No effects on plasma concentrations of cimetidine or ketoconazole were observed. Plasma concentrations (AUC 0-24 hrs) of erythromycin decreased 15% with coadministration of loratadine relative to that observed with erythromycin alone. The clinical relevance of this difference is unknown. These above findings are summarized in the following table.

Effects on Plasma Concentrations (AUC 0-24 hrs) of Loratadine and Descarboethoxyloratadine After 10 Days of Coadministration (Loratadine 10 mg) in Normal Volunteers

	Loratadine	Descarboethoxyloratadine
Erythromycin (500 mg Q8h)	+ 40%	+46%
Cimetidine (300 mg QID)	+103%	+ 6%
Ketoconazole (200 mg Q12h)	+307%	+73%

There does not appear to be an increase in adverse events in subjects who received oral contraceptives and loratadine.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month carcinogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (Ames) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (rat primary hepatocyte unscheduled DNA assay) or in two assays for chromosomal aberrations (human peripheral blood lymphocyte clastogenesis assay and the mouse bone marrow erythrocyte micronucleus assay). In the mouse lymphoma assay, a positive finding occurred in the nonactivated but not the activated phase of the study.

Decreased fertility in male rats, shown by lower female conception rates, occurred at an oral dose of 64 mg/kg (approximately 50 times the maximum recommended human daily oral dose on a mg/m^2 basis) and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at an oral dose of approximately 24 mg/kg (approximately 20 times the maximum recommended human daily oral dose on a mg/m^2 basis).

Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits at oral doses up to 96 mg/kg (approximately 75 times and 150 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for loratadine and descarboethoxyloratadine, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and descarboethoxyloratadine was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN is administered to a nursing woman.

Pediatric Use: The safety of CLARITIN Syrup at a daily dose of 10 mg has been demonstrated in 188 pediatric patients 6-12 years of age in placebo-controlled 2-week trials. The effectiveness of CLARITIN for the treatment of seasonal allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demonstrated efficacy of CLARITIN in adults in these conditions and the likelihood that the disease course, pathophysiology, and the drug's effect are substantially similar to that of the adults. The recommended dose for the pediatric population is based on cross-study comparison of the pharmacokinetics of CLARITIN in adults and pediatric subjects and on the safety profile of loratadine in both adults and pediatric patients at doses equal to or higher than the recommended doses. The safety and effectiveness of CLARITIN in pediatric patients under 6 years of age have not been established.

ADVERSE REACTIONS: CLARITIN Tablets: Approximately 90,000 patients, aged 12 and older, received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS IN PATIENTS 12 YEARS OF AGE AND OLDER

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg QD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 536	TERFENADINE 60 mg BID n = 684
	12	11	8	8
	8	6	22	9
	4	3	10	2
	3	2	4	3

Adverse events reported in placebo-controlled chronic idiopathic urticaria trials were similar to those reported in allergic rhinitis studies.

Adverse event rates did not appear to differ significantly based on age, sex, or race, although the number of nonwhite subjects was relatively small.

CLARITIN REDITABS (loratadine rapidly-disintegrating tablets): Approximately 50 patients received CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) in controlled clinical trials of 2 weeks' duration. In these studies, adverse events were similar in type and frequency to those seen with CLARITIN Tablets and placebo.

Administration of CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) did not result in an increased reporting frequency of mouth or tongue irritation.

CLARITIN Syrup: Approximately 300 pediatric patients 6 to 12 years of age received loratadine once daily in controlled clinical trials for a period of 8-15 days. Among these, 186 children were treated with 10 mg loratadine syrup once daily in placebo-controlled trials. Adverse events in these pediatric patients were observed to occur with type and frequency similar to those seen in the adult population. The rate of premature discontinuance due to adverse events among pediatric patients receiving loratadine 10 mg daily was less than 1%.

ADVERSE EVENTS OCCURRING WITH A FREQUENCY OF ≥ 2% IN LORATADINE SYRUP-TREATED PATIENTS (6-12 YEARS OLD) IN PLACEBO-CONTROLLED TRIALS, AND MORE FREQUENT THAN IN THE PLACEBO GROUP

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg QD n = 188	PLACEBO n = 262	CHLORPHENIRAMINE 2-4 mg BID n = 17
Nervousness	4	2	2
Wheezing	4	2	5
Fatigue	3	2	5
Hyperkinesia	3	1	1
Abdominal Pain	2	0	0
Conjunctivitis	2	<1	1
Dysphonia	2	<1	0
Malaise	2	0	1
Upper Respiratory Tract Infection	2	<1	0

In addition to those adverse events reported above (≥ 2%), the following adverse events have been reported in at least one patient in CLARITIN clinical trials in adult and pediatric patients:

Autonomic Nervous System: Altered lacrimation, altered salivation, flushing, hypotension, impotence, increased sweating, thirst.

Body As A Whole: Angioneurotic edema, asthenia, back pain, blurred vision, chest pain, ache, eye pain, fever, leg cramps, malaise, rigors, tinnitus, viral infection, weight gain.

Cardiovascular System: Hypertension, hypotension, palpitations, supraventricular tachycardias, syncope, tachycardia.

Central and Peripheral Nervous System: Blepharospasm, dizziness, dysphonia, hypertonia, migraine, paresthesia, tremor, vertigo.

Gastrointestinal System: Altered taste, anorexia, constipation, diarrhea, dyspepsia, flatulence, gastritis, hiccup, increased appetite, nausea, stomatitis, toothache, vomiting.

Musculoskeletal System: Arthralgia, myalgia.

Psychiatric: Agitation, amnesia, anxiety, confusion, decreased libido, depression, impaired concentration, insomnia, irritability, paroniria.

Reproductive System: Breast pain, dysmenorrhea, menorrhagia, vaginitis.

Respiratory System: Bronchitis, bronchospasm, coughing, dyspnea, epistaxis, hemoptysis, laryngitis, nasal dryness, pharyngitis, sinusitis, sneezing.

Skin and Appendages: Dermatitis, dry hair, dry skin, photosensitivity reaction, pruritus, rash, urticaria.

Urinary System: Altered micturition, urinary discoloration, urinary incontinence, urinary retention.

In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine: abnormal hepatic function, including jaundice, hepatitis, and hepatic necrosis; alopecia; anaphylaxis; breast enlargement; erythema multiforme, peripheral edema; and seizure.

OVERDOSAGE: In adults, somnolence, tachycardia, and headache have been reported with doses greater than 10 mg with the Tablet formulation (40 to 180 mg). Extrapyramidal signs and palpitations have been reported in children with overdoses of greater than 10 mg of CLARITIN Syrup. In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline cathartics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.

No deaths occurred at oral doses up to 5000 mg/kg in rats and mice (greater than 2400 and 1200 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). Chronic oral doses of loratadine showed no effects in rats, mice, and monkeys at doses as high as 10 times the maximum recommended human daily oral dose on a mg/m^2 basis.

Schering®

Schering Corporation
Kenilworth, NJ 07033 USA

Rev. 3/98

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CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) are manufactured for Schering Corporation by Scherer DDS, England.

U.S. Patent Nos. 4,282,233 and 4,371,516.

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SEX for Grown-ups

Sorry, all you teenage heartthrobs. Some things get better with age, and making love is one of them. By Carol Lynn Mithers

If you look at advertising, go to movies or watch TV, you're forgiven for thinking that passion is the sole province of the young, the thin and the single. In love scenes, there's nary a sag, wrinkle or wedding ring in sight. The message: Sexually speaking, grown-up means washed up. Right?

Wrong. Here's the startling discovery that a lot of us mature married folks have made: Not only are we having nearly as much sex as the kids, we're—how to put this politely?—having more fun.

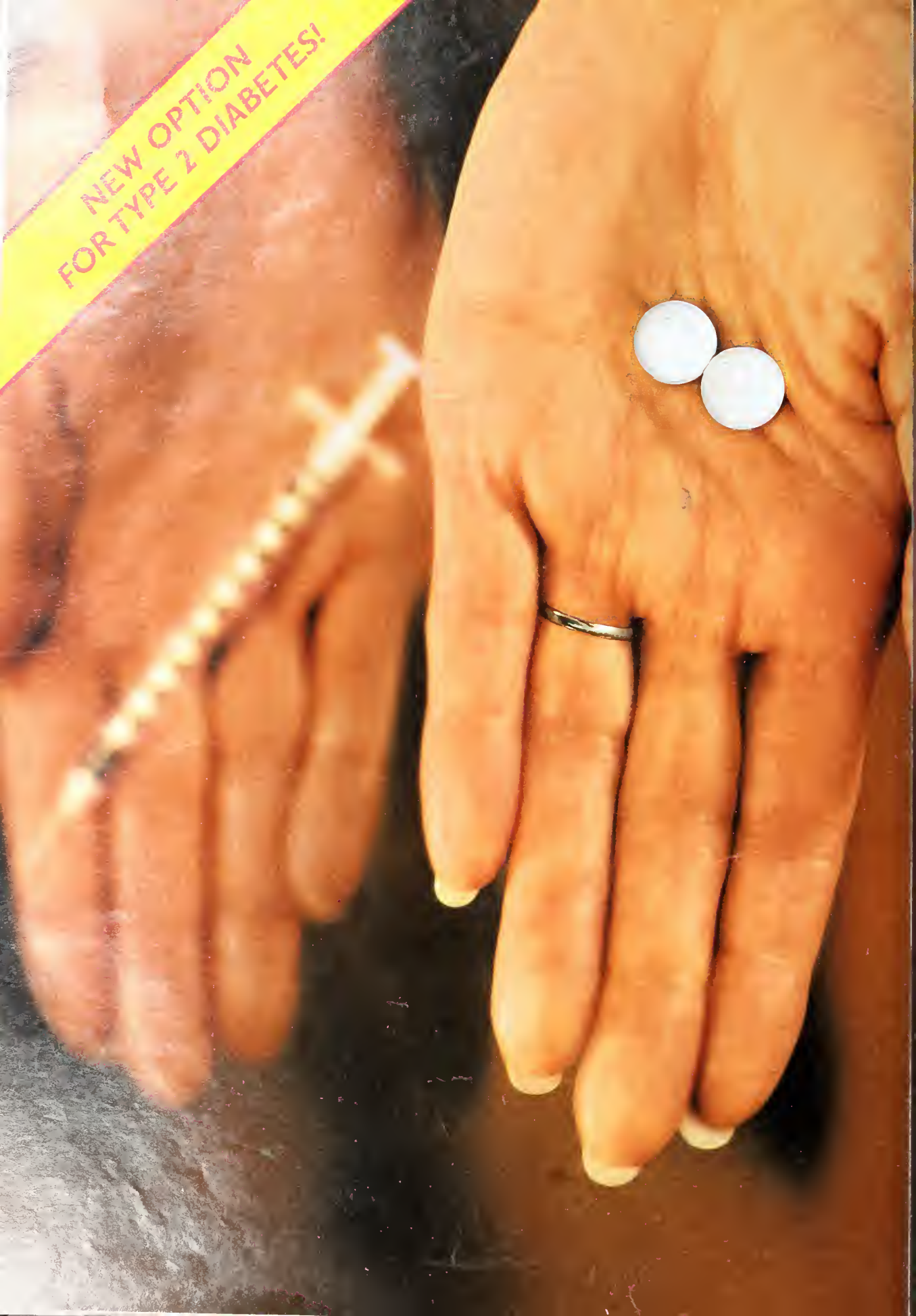
And it's probably no coincidence that a growing number of researchers, psychologists and sex therapists are beginning to look at what really happens to hot young lovers after a decade or more of sharing a bed, a mortgage and a couple of kids. It turns out that the old advertising slogan had it right: "You're not getting older, you're getting better." Here's why.

Biology is on our side. Studies over the years—not to mention anecdotes from our friends—have demonstrated again and again that women become more sexually responsive with time, until we reach a peak in our thirties or forties. After that, we plateau.

An important confirmation came in 1992, when social scientists Robert T. Michael, John H. Gagnon, Edward O. Laumann and Gina Kolata, working through the National Opinion Research Center at the University of Chicago, embarked on a landmark survey of America's sex life. Among their results, catalogued in the book *Sex in America: A Definitive Survey* (Warner Books, 1995): While 61 percent of women between ages eighteen and twenty-four said that they always or usually reached orgasm with their primary partner, by age forty it was a whopping 78 percent.

No one has definitively proved that a particular physiological change in women's bodies makes them more orgasmic. However, some researchers, notably Helen E. Fisher, Ph.D., the author of *Anatomy of Love* (Fawcett, 1995), and Theresa L. Crenshaw, M.D., a San Diego based sex therapist and author of *The Alchemy of Love and Lust* (Pocket Books, 1997), speculate that the gradual dropping of our estrogen levels allows the small amount of testosterone in our bodies to exert more influence.

Researchers do agree, though, that men's testosterone levels fall during these same years, causing their sex drives to quiet down. Their lovemaking becomes much more leisurely and *(continued on page 73)*


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If side effects occur, they are normally minor ones such as diarrhea, nausea, and upset stomach. The most serious side effect associated with GLUCOPHAGE is called lactic acidosis. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred in one in 33,000 patients on GLUCOPHAGE over the course of one year. If lactic acidosis occurs, it can be fatal in up to half the cases. You should not take GLUCOPHAGE if you have kidney disease or dysfunction, if you are 80 or older (unless you have first had your kidneys tested), if you are taking medication for congestive heart failure, if you have a history of liver disease, or if you drink alcohol excessively. There is some evidence that some oral diabetes drugs may increase the risk of heart problems. Please see additional important patient information

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PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg, 850 mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?

Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?

People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?

Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?

High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?

Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?

When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?

Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?

GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?

If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q10. Are there any serious side effects that GLUCOPHAGE can cause?

GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q11. What is lactic acidosis and can it happen to me?

Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis while taking GLUCOPHAGE is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about one in 33,000 patients taking GLUCOPHAGE (metformin hydrochloride tablets) over the course of a year. Although rare, if lactic acidosis does occur, it can be fatal in up to half the cases.

It's also important for your liver to be working normally when you take GLUCOPHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on you from time to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or liver.

Q12. Are there other risk factors for lactic acidosis?

Your risk of developing lactic acidosis from taking GLUCOPHAGE is very low as long as your kidneys and liver are healthy. However, some factors can increase your risk because they can affect kidney and liver function. You should discuss your risk with your physician. You should not take GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medications, e.g., digoxin (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast agent
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection, or stroke
- You are ≥ 80 years of age and have NOT had your kidney function tested.

Q13. What are the symptoms of lactic acidosis?

Some of the symptoms include: feeling very weak, tired or uncomfortable; unusual muscle pain, trouble breathing, unusual or unexpected stomach discomfort, feeling cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular heartbeat.

If you notice these symptoms, or if your medical condition has suddenly change stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is a medical emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of lactic acidosis?

Tell your doctor if you have an illness that results in severe vomiting, diarrhea and fever, or if your intake of fluids is significantly reduced. These situations can lead to severe dehydration, and it may be necessary to stop taking GLUCOPHAGE temporarily.

You should let your doctor know if you are going to have any surgery or specialized x-ray procedures that require injection of contrast agents. GLUCOPHAGE therapy will need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?

Remind your doctor that you are taking GLUCOPHAGE when any new drug is prescribed or a change is made in how you take a drug already prescribed. GLUCOPHAGE may interfere with the way some drugs work and some drugs may interfere with the action of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?

Tell your doctor if you plan to become pregnant or have become pregnant. As with other oral glucose-control medications, you should not take GLUCOPHAGE during pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As with all medications, you and your doctor should discuss the use of GLUCOPHAGE if you are nursing a child.

Q17. Are there other risks associated with GLUCOPHAGE?

There is some evidence that any oral diabetes drug may increase the risk of heart problems. Experts are not sure what the real risk is for heart problems, if any, from taking oral diabetes medicine.

Q18. How do I take GLUCOPHAGE?

Your doctor will tell you how many GLUCOPHAGE tablets to take and how often. This should also be printed on the label of your prescription. You will probably be started on a low dose of GLUCOPHAGE and your dosage will be increased gradually until your blood sugar is controlled.

Q19. Where can I get more information about GLUCOPHAGE?

This leaflet is a summary of the most important information about GLUCOPHAGE. If you have any questions or problems, you should talk to your doctor or other health care provider about type 2 diabetes as well as GLUCOPHAGE and its side effects. There is also a leaflet (package insert) written for health professionals that your pharmacist can let you read.

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Bristol-Myers Squibb Company

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ued from page 69

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the time they're in their twenties,
t men have had much more sex—
t of it through masturbation—than
en have," notes James W. Mad-
, Ph.D., professor of family social
ce at the University of Minnesota,
Paul. At that age, however, sex
be less than mind-blowing for

Love me, love my body. One of the great ironies of female aging is that even as we grow more genuinely sexual, society tells us that we're less physically desirable. Happily, grown-up women today are far more likely to tell society to go stuff it.

Pepper Schwartz, Ph.D., professor of sociology at the University of Washington, in Seattle, and co-author of *The Great Sex Weekend* (Putnam, 1998), observes, "With time, you realize that it's not having perfect legs or breasts that makes you attractive. It's all of you—your experience, your mind, your personality, your sense of humor. And you learn to say, 'This body may not look like *(continued)*

HJ BOOK BAG



Daily stresses can wear down even the most ardent of lovers. But that doesn't mean the spark can't be rekindled. *The Great Sex Weekend*, by Pepper Schwartz, Ph.D., and Janet Lever, Ph.D., is a program to help lovers rediscover their sexual enthusiasm. It's flexible enough to fit every couple's level of emotional and sexual comfort. Available by arrangement with Putnam Publishing, this 224-page hardcover book sells for $25.95, which includes shipping, handling and applicable sales tax.

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Crawford's, but I like it.'"

I can't tell you how many hours I used to spend in front of the mirror hating my big butt and thighs," says Anne, forty-two. "I finally realized that they have nothing to do with the things that are important to me—being a good mother, a good worker, a good wife."

Anne gets no complaints from her husband of eighteen years. "It's clear that he wants me as much as he ever has," she says.

That's the other good news: When it comes to accepting physical imperfections, men are forgiving. In



1996, when Baraff surveyed one hundred men about what they most longed for in marriage, they never mentioned specifics about their spouses' appearance. And the National Opinion Research Center survey found that 67 percent of men over forty-five said they still got great enjoyment from watching their mates undress.

Love can set you free. The sensuality, experience and confidence that define the sexual grown-up would be striking in any intimate relationship, but they reach full flower in a long, happy marriage. Evidence suggests that long-married couples do have sex less often than new lovers, but we also seem to get more out of the encounters we have. The National Opinion Research Center survey found married couples to be the most physically satisfied with their sex lives, while single people—especially those who had more than one partner—were the least satisfied.

These findings are no fluke, asserts Maddock. "The trend is clear: The longer, more steady in all respects of the relationship, the more likely the incidence and consistency of orgasm."

A happy marriage isn't magic; it just makes good sex easier. When lovemaking isn't about proving anything, when it's part of a larger, shared life, it's "less fraught with anxiety," says Amanda, forty, married twelve years. "If sex one night isn't so great, you have faith that tomorrow it will be."

Feeling safe in a relationship also gives us the confidence to make our needs known—or to know what we don't want. Even the most liberated young woman can get hung up by worry "about how her partner perceives her," says Shirley Glass, Ph.D., a psychologist and marital therapist in private practice in Owings Mills, Maryland. "A history of emotional intimacy, vulnerability and acceptance lets a woman expose herself without fear of judgment."

Says Katie, thirty-nine, married for fifteen years, "Because I know my husband does respect me and take me seriously, I've felt free to do things I never would have dared before. I recently bought my first vibrator—not for me, for us."

Intimacy is the best aphrodisiac. The kids would have us think that nothing is duller than making love to the same person year in and year out. Guess again. A long-term relationship, where you've weathered storms together, laughed at the same jokes—in short, have a history—fosters a kind of intimacy that gives lovemaking an intensity, complexity and richness that isn't available to us earlier in our lives.

In fact, peak sexual experiences are available *only* to grown-ups, suggests David Schnarch, Ph.D., director of the Marriage and Family Health Center in Evergreen, Colorado, and author of *Passionate Marriage* (W.W. Norton & Co., 1997). Why? Because the ability to be intimate—to reveal who we are and what turns us on—is what really makes sex great. And that requires a strong sense of identity and security.

When a couple makes the leap from hormone-driven passion to desire specifically for each other, their sexual connection can really bloom. "It's the difference," Schnarch says, "between having sex like kids and having sex like a woman and a man."

> A long-term relationship fosters an intimacy that gives lovemaking an intensity and richness that isn't available to us earlier in our lives

"If you had told me at twenty that my sex life would get better the older I got, I never would have believed you," says Mary, forty-two, married for seventeen years. "But that's exactly what's happened. Maybe it's because now I'm clear on who I am. Because my husband and I have gone through so much together, and I feel connected to him in a really deep way. Maybe it's all these things. But something happened just before I turned forty: I fell more deeply in love with him than ever. And I started feeling explosively feminine, explosively sexual. After all these years together, we're having the time of our lives." ●

Carol Lynn Mithers is a contributing editor to Ladies' Home Journal.

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The Starr Retort



In her first official interview, Alice Starr speaks up in defense of her husband—and reveals what she really thinks of the Clintons

By Kathryn Casey

As she sits at the kitchen table in her home in the exclusive Washington, D.C., suburb of McLean, Virginia, Alice Starr, wife of independent counsel Ken Starr, wants to set the record straight. Her husband's critics are, at best, ill informed, she insists. The issues that led to Bill Clinton's impeachment are not clouded by seamy sexual encounters and infidelity—they are about perjury and upholding the law. And, if she were Hillary Clinton, Alice knows exactly what she would do.

"I'd rather not be married to someone who doesn't love me enough to remain faithful," she says defiantly.

Since the Monica Lewinsky story broke in January 1998, Alice Starr, forty-nine, has had to sit by silently while her husband has been compared by critics to such notorious figures as Saddam Hussein, Nero, and Torquemada, the cruel prosecutor of the Spanish Inquisition. Now, in her first official interview, she is eager to come to Ken's defense. First and foremost, she says, the American people need to understand that her husband is not the right-wing zealot obsessed with sex that White House spin doctors portray. "Ken is not the issue here," she says indignantly.

In the public eye

While the last year has been an ordeal for the country, it has been equally trying for the Starr family. Alice says that their mail is now scanned for bombs by U.S. marshals, who also guard their front door and shadow their three children. "It's very difficult," she says with a frown. "I often wish Ken hadn't taken on this assignment."

Giving an interview to defend her husband is a role Alice never could have imagined for herself. Until his most recent assignment, Ken, a former U.S. Court of Appeals judge and U.S. Solicitor General, was well thought of by both Republicans and Democrats. He had a reputation in Washington for being cautious and deliberate.

In fact, until recently, it was Alice who was the better known Starr in the McLean community. A vice president of marketing, advertising and public relations for West*Group, a commercial real-estate development firm, she has been very active in community service. For years, she has raised funds for charities and arts in McLean. "Alice is the one people used to recognize," says a friend, Judi Nardella.

All that changed in 1994, when Ken was appointed independent counsel and head of the Justice Department's investigation into the Clintons' Whitewater dealings. "Now when they go out, people come up to them and ask them *(continued)*



A Starr family gathering: Alice and Ken with (from left) Carolyn, Cynthia and Randy



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questions about the investig
says neighbor Donna Hogan. T
can't go anywhere without att
this kind of attention. This
changed them as people, u
has changed their lives."

Strangers who approach the
are usually supporters, accord
Alice. And should anyone d
voice disagreement with Ken a
tactics, "Alice is her husband's
diligent defender," says H
"She'll debate the issues until th
son walks away with their tail
between their legs."

Worlds apart

Alice has always been her hus
number-one fan. The couple m
Spanish class at Harvard Univ
summer school in 1968. Ken h
ished his classes at George Wa
ton University; she had just com
her freshman year at Skidmore
lege, in Saratoga Springs, New Y

They came from diametrical
posed worlds. She was the da
of a Jewish couple from Westc
County, New York; he was th
of a San Antonio fundamen
minister who worked as a barb
the side. "Ken was the friend
nicest person I'd ever met," s
calls. "Very bright. Even then h
a workaholic."

Despite their differences, she
their families easily accepted thei
tionship. They married in 1970.
graduated from Skidmore the f
ing year, then went on to earn a
ter's in education from the Univ
of Miami, while Ken worked as a
in the U.S. Court of Appeals ther

From Miami, they moved to
Angeles, and finally Washing
where Ken clerked for Supr
Court Chief Justice Warren Burg
1975. Their three children were
in the ensuing years—Randy, tw
one, now an undergraduate at
University; Carolyn, ninetee
freshman at Stanford Unive
(where Chelsea Clinton is a so
more); and Cynthia, fourteen
eighth-grader in a private schoo

difficult," is all Alice wi
the decision to raise their
Christian. As a family, the
he McLean Bible Church
Starrs have lived in th
in McLean for more
years. "Ken is still very
lice says. Their decor attests
a mélange of Southwestern
fabrics and accents.
ile the Starrs' lifestyle is
extravagant, their income put
in the league of the extremely
o-do. According to a recent
cial statement, Ken made
million from his private legal
ce in 1997. (After his client
which included such Clinton
nistration enemies as tobacco
anies—generated conflict-of-
st accusations, Ken took an un-
eave of absence from his firm
ear.) Their family assets were
as at least $4.5 million, an
nt many who know them credit
for building through invest-
in stocks and real estate.
ends say the couple has much
nmon, including a reputation as
workers. "Ken hasn't had a
end off in four years," Alice
"He works six-and-a-half-day
and twelve-hour days."
spite the turmoil of the last
-and Ken's hectic schedule—the
have maintained relatively nor-
ves. Alice says that her husband
vashes the dishes at night and
s breakfast on weekends. He's
's been a real soccer dad, she
eager to see the kids compete
perform—especially the girls,
have both inherited their dad's
ng ability (he's known to sing
is while jogging).
ce does, however, occasionally
ie frustration spill out. "Some-
among a small cadre of us girls,
let go," says longtime f
Field. It's then, say those who
Alice best, that they realize how
the family has been affected

er pressure

last four years have made Ke
the most controversial pros
the nation—possibly *(contin*

cook simple.





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in American history—it's a case of blaming the messenger for the message, Alice insists. "I can honestly say Ken's motives are altruistic."

Yet she isn't surprised by polls that showed the President's job-approval rating surging to a high of 73 percent after his impeachment. "I think if I were not related to Ken and didn't know him well, I would feel the same way," she says. "This is an uncomfortable situation for the country; the topic is uncomfortable to talk about. Most people like the economy, and want things to keep going the way they are."

She insists, however, that the polls are at odds with what she herself hears. In the world in which the Starrs move—a tight-knit community of neighbors, friends and colleagues—perhaps this isn't surprising. But according to Alice, the majority of the hundreds of letters Ken receives every week are positive, as well.

The remaining letters are so frightening that she turns them over to the U.S. marshals. She says that these threats are real enough that Ken has protection twenty-four hours a day. "Mainly they're from people who are just mad at the world."

The letter count spiked after the Starr Report was released by Congress in November. Alice says that she herself read only the summary of the report, avoiding the sexually explicit details. "I don't care to read things like that," she says. "I trust my husband. If he says there's perjury and obstruction of justice, that's what happened." Defending his decision to include all the seamy specifics, she adds, "I assumed Congress would release only the summary, not the full report. I know Ken was surprised, too."

What about the controversy the report—and the entire Clinton investigation—has spawned? "Obviously our children are impacted; we all are," she says. "It's not that we don't get knots in our stomachs, listening to the negative stuff. But we keep in touch with the kids and try to make sure they're doing okay. . . . If anything, it brought us all closer together."

The three children have found their own ways to cope with the pressure. Randy hesitates to tell people that he's related to *that* Starr. "He's shy about it, and I don't blame him," Alice says. "Most professors on campus are very liberal these days. It would probably be best if they didn't know."

Cynthia, the youngest, also prefers to avoid the topic altogether. For Carolyn, the situation is more difficult. Although she sometimes sees Chelsea Clinton's Secret Service entourage around the Stanford campus, Carolyn has never met the President's daughter, says Alice. Yet a tabloid ran an article last year claiming that the two young women had exchanged heated words.

"Carolyn was crushed that anyone would think they'd had a fight," says her mother. "If she ever met Chelsea, she'd give her a hug. She knows it's a tremendous ordeal she's going through. We all do. Everything we've heard about her is that she's a remarkable, bright young woman."

When it comes to the rest of the Clinton family, Alice is less complimentary. She believes without doubt that she could never be in the position Hillary Clinton found herself in last summer, when her husband admitted his affair with Monica Lewinsky. "We took a vow to be faithful to one another when we married," she says. "We've lived up to that vow."

It is difficult, then, for her to picture her husband facing a crisis like the one confronting the President—the unthinkable *did* happen, and she knows exactly what her husband would do. "Ken would resign," she says without hesitation.

What does she think of Hillary's hairdos? "I admire all her hairdos," Alice says with a grin. "Personally, I've had the same one for the past twenty years."

When asked why she believes Hillary is standing by her man, Alice doesn't mince words. "I really don't know how long she's had to develop a reaction to this kind of situation," she says. "It *(continued on page*

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HOLD THE SPAM

With millions of cyber-messages being sent every day, spam (slang for junk E-mail) has become more than just an annoyance. "Spam causes Internet slowdowns and outages, and costs users time and money," says John Mozena, spokesperson for CAUCE, the Coalition Against Unsolicited Commercial E-Mail (*www.cauce.org*). Get-rich-quick schemes and fraudulent health remedies are favorite topics of spammers, who disguise the content of their messages in friendly subject heade like "Hello again!" Software filters help, but spammers can eventually get around them. The solution? Mozena offers these dos and don't DO ignore messages. Delete junk it arrives; never buy from spamme DON'T answer junk E-mail, even if it's just to request to be removed from a mailing list. Your response validates your address. Spammers will send even more messages, or worse, sell your address to others. DO Contact your Internet Service Provider (ISP). It can point you toward the right resources to determine the origin of a message, so that you can complain to the sender's ISP. —Arricca Elin SanSo

OFFICE OFFENSE

The co-worker on your left is laughing with a visitor, while the one on your right is gabbing loudly on her phone. Meantime, like the millions of other office cubicle denizens, you're finding it hard to get your work done. But just because an office has an open floor plan doesn't mean anything goes, says Deborah Thomas-Nininger, president of DTN Productions International-Hallmark of Etiquette, a corporate-protocol training firm in Columbus, Ohio. Here are her tips for surviving life in a cubicle:



Prevent distractions. Plants placed on the cube's partition help buffer noise. And if possible, set up your desk to face away from the cubicle opening. Less eye contact means fewer personal chats.

Respect privacy. Give neighboring co-workers time to themselves by suggesting that you take different lunch hours.

Eat in the break room. This prevents potent food odors from disturbing others—one of cubicle workers' chief complaints.

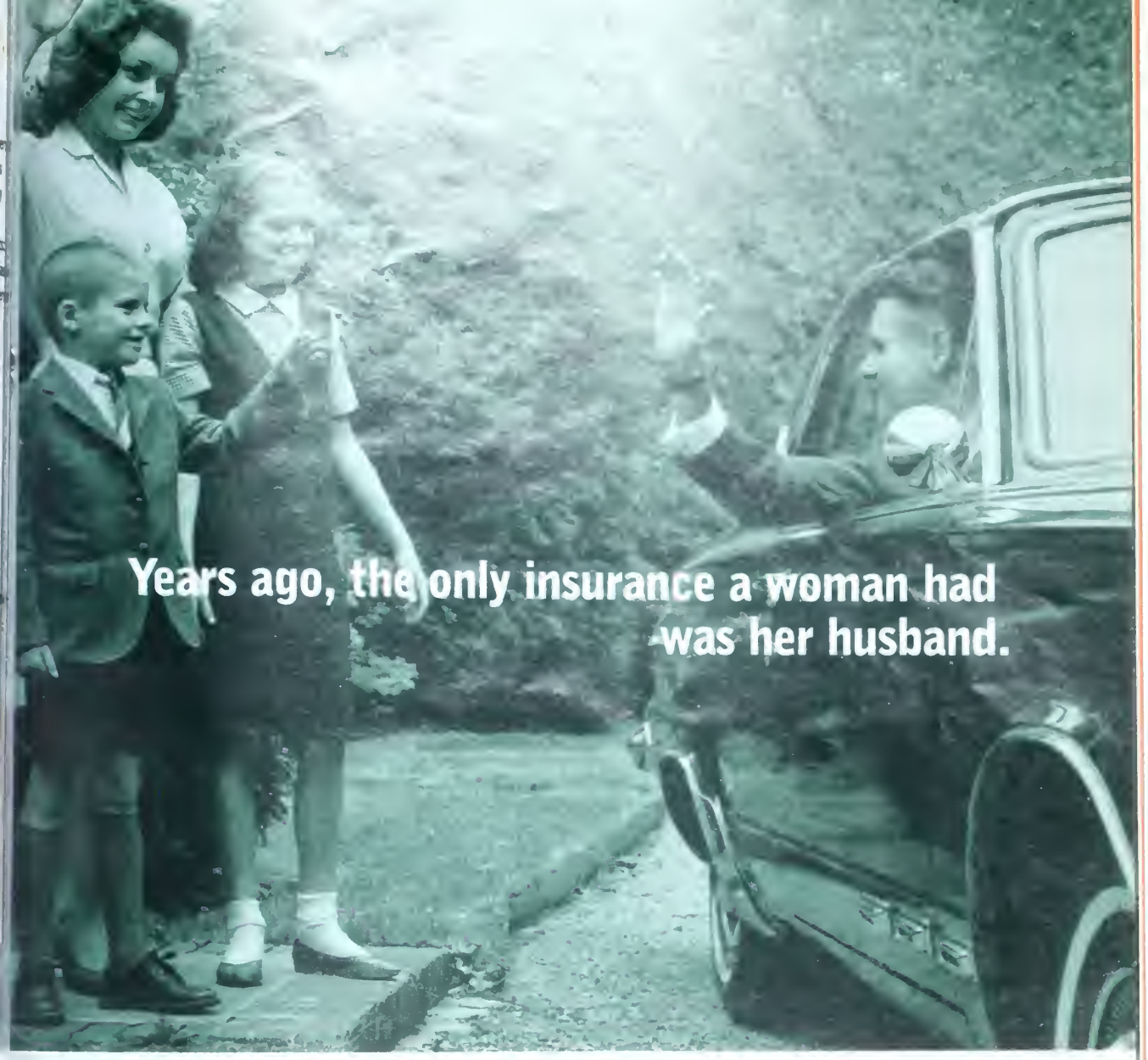
—A.E.S

Light Switch

Remember when Ma Bell lost her brood, and phone companies sprang up to compete for your business? Now the same thing is happening on a state-by-state basis in the utility industry. That means you'll be able to choose your electricity provider—and possibly save a bundle.

"Savvy consumers can find lower prices or extra services as providers compete with each other," says Keith Voight, manager of publicity and promotion at the Edison Electric Institute, in Washington, D.C. Even if you don't make a change, your current rate will probably go down 10 percent. Special packages might include a single bill for utilities, phone, cable and Internet service—you may even be able to choose an eco-friendly energy source.

Currently, deregulation is happening in nineteen states; others are likely to follow soon. What should you do when the new companies start making their pitches? Comparison shop for the best deal, says Voight. Next, when you choose a company, make sure it is registered with your state public utility commission. Finally, ask if you need to sign a contract, and whether there is a fee to switch suppliers. —Sarah Smith



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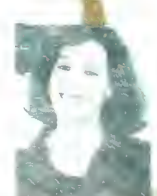
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THE DOCTORS' GOOD-HEALTH GUIDE

A SAMPLING OF THE EXPERTS CONSULTED FOR OUR GUIDE (counterclockwise from the top): Vivian Pinn, M.D., health policy • Michael Lockshin, M.D., autoimmune diseases • Marianne J. Legato, M.D., heart disease • John C. Fletcher, Ph.D., medical ethics • Susan Love, M.D., breast health • Kenneth Cooper, M.D., M.P.H., exercise physiology • Dean Ornish, M.D., preventive medicine • Kristene Whitmore, M.D., bladder disorders • Irwin Goldstein, M.D., sexual health • Risa Kagan, M.D., gynecology • C. Edward Rose, M.D., lung health and critical care • Diana L. Dell, M.D., obstetrics and gynecology • Michael Morse, M.D., family medicine • Alice D. Domar, Ph.D., mind-body medicine • Wulf Utian, M.D., Ph.D., menopause • Elizabeth Somer, M.A., R.D., nutrition • Robert Romanoff, M.D., internal medicine • Debra R. Judelson, M.D., women's health • Neal Barnard, M.D., preventive medicine • Pamela Peeke, M.D., M.P.H., preventive medicine

To bring you the latest medical news and advice, we went straight to the experts. From our roster of the top researchers in women's health, and some of the surprising things physicians do to stay healthy, to a special report on how doctors' frustrations with patients can affect quality of care, this handbook is packed with the information you need to stay in great shape—and be a smart medical consumer.












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The TOP 10 Researchers in WOMEN'S HEALTH



These scientists have drastically improved the medical care you receive—and they're not done yet

By Randi Hutter Epstein, M.D.

Throughout the country, hundreds of doctors have dedicated their careers to the study and treatment of women's health. But a few of them stand out as the key voices for change. For too many years, they say, the gold standard of treatment was based on studies of men. Thanks to these scientists, we now recognize the need to explore the differences between male and female physiology.

These pioneers of gender-based medicine are the top experts in their respective fields, as recommended by a survey of physicians, researchers, medical-school professors and administrators in nonprofit health organizations. And while they have made great strides, these experts say there's much more to be done. Luckily, they all are still hard at work—and training the next generation of researchers to continue the search for new diagnostics, treatments and preventive strategies.

Health Policy Vivian Pinn, M.D.

HER JOB: Director of the Office of Research on Women's Health at the National Institutes of Health (NIH), in Bethesda, Maryland.

HER CONTRIBUTION: One of the country's most vocal and effective policy leaders. Her mission is to promote understanding about female health issues and provide research grants for studies nationwide.

HER INSPIRATION: Pinn's qualifications include experience on both sides of the medical curtain—as a pathologist diagnosing disease in others and as a patient who was diagnosed with bone cancer in 1992.

But two events that happened long before she achieved this esteemed NIH position ignited her passion for promoting women's health. As a teenager, she watched her mother suffer and die from cancer, a tumor that initially was misdiagnosed as simply back pain. "I remember seeing how the doctors didn't pay any attention to her symptoms," says Pinn. Second, she was the only woman in her medical-school class in the mid-sixties at the University of Virginia. "That made me realize how important it is for physicians to focus on women's health," she adds.

HER PREDICTION: Research about women's health will expand so that it encompasses "more than just understanding the reproductive system. My hope is that women's health research will eventually result in an improvement for both men and women, rather than a competition. I also hope physicians will become more sensitive to women's health concerns."

Breast Cancer V. Craig Jordan, Ph.D., D.Sc.

HIS JOB: Director of the Lynn Sage Breast Cancer Research Program at the Robert H. Lurie Comprehensive Cancer Center at Northwestern University Medical School, in Chicago.

HIS CONTRIBUTION: Millions of women who have had breast cancer or are at high risk for the disease are alive today, thanks in part to Jordan's work with tamoxifen.

HIS INSPIRATION: Tamoxifen, which blocks estrogen, was developed to prevent pregnancy. It worked in rats, but it promoted ovulation in women—the opposite of the desired effect. While most researchers thought the failed contraceptive should be shelved, Jordan had a hunch that tamoxifen's estrogen-blocking abilities would slow the growth of breast tumors. His studies, as well as hundreds more by experts worldwide, proved his speculations right.

HIS PREDICTION: "Twenty years ago, the prevention of breast cancer was not considered a realistic possibility," says Jordan. "One day, I believe, we will be able to provide women with a menu of medicines that would prevent not just cancer but other chronic illnesses as well."

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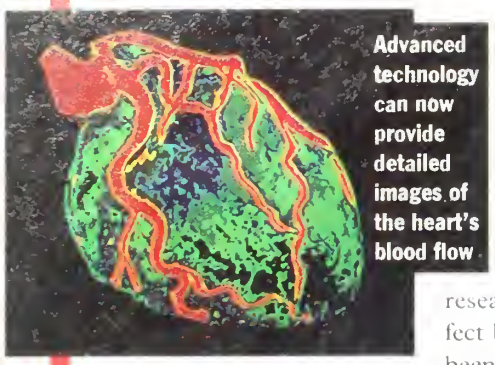


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HEART DISEASE

Legato, M.D.

HER JOB: Founder and director of the Partnership for Women's Health at Columbia University, in New York City. The program, which was launched two years ago, began by looking at the gender differences in heart disease, but now encompasses research into several illnesses.



Advanced technology can now provide detailed images of the heart's blood flow

HER CONTRIBUTION: "By studying the differences in the male and female heart, we will have a broader platform to prevent and treat heart disease," says Legato, now a leading investigator on that very topic.

HER INSPIRATION: Legato never considered herself a women's activist, nor did she plan a medical career dedicated to the health of women. But her career path veered, she says, when she was asked for input about a book on women and heart disease by writer Carol Colman. Legato culled the medical literature, and to her surprise found dramatic differences in both symptoms and treatment. Colman and Legato went on to co-author *The Female Heart* (Avon, 1993). "That one project changed my world," the doctor says. "Fully two thirds of all the medical research on diseases that affect both men and women has been done on men only—and the most egregious example is cardiovascular disease."

HER PREDICTION: "My hope is that within ten years, this program will have advanced a new understanding and an era in medicine in which all doctors practice gender-specific medicine," says Legato.

SEXUAL HEALTH

Irwin Goldstein, M.D.

HIS JOB: This summer, he launched a multidisciplinary center that provides a comprehensive approach to female sexuality, the Boston University Medical Center Women's Sexual Health Clinic, which is staffed by urologists, gynecologists and sex therapists. He is also a professor of urology at Boston University School of Medicine.

HIS CONTRIBUTION: Although the field of women's sexual health is finally starting to be taken seriously, doctors still tend to blame sex problems on the psyche or hormonal imbalance. Goldstein believes that these factors are important, but he suspects that clogged blood vessels—which may lead to vaginal dryness that can cause intercourse to become painful—play a crucial role, too. Goldstein's team is investigating several drugs (including Viagra) that open blood vessels and relieve the problem.

HIS INSPIRATION: Women's sexual problems have long been ignored by the medical profession. If a woman didn't complain that sex was painful, her doctor probably didn't ask if it was satisfying. Goldstein makes a point of asking and listening about sexual health.

HIS PREDICTION: "I would like to think that five years from now this field of sexual health medicine will be equal in funding and importance to many other important medical concerns," he says.

Ovarian Cancer

Maurie Markman, M.D.

HIS JOB: Director of the Cleveland Clinic Taussig Cancer Center, which houses one of the largest research programs for ovarian cancer.

HIS CONTRIBUTION: Researchers recently identified one chemical in the blood that is linked to ovarian cancer. Markman's team launched a small study and preliminary results suggest that women with ovarian cancer have higher levels of the chemical lysophosphatidic acid (LPA). A blood test measuring LPA levels may identify women with ovarian cancer when the tumor is small and curable. Also, drugs that block LPA may be useful for treating women with the illness.

HIS INSPIRATION: When the disease is caught early, the five-year survival rate is 93 percent. But if the cancer is not found until it has spread, as is more often the case, there is just a 25 percent chance of surviving five years. "Ovarian cancer is truly a silent disease, and we don't have effective ways to find it in its early stages," says Markman.

HIS PREDICTION: The early results look promising, and Markman is hopeful that "within a decade we will be much further along in the detection and treatment of ovarian cancer."



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and pregnancy to include much more than repro

MENOPAUSE

Wulf Utian, M.D., Ph.D.



Estrogen pills can protect against heart disease and osteoporosis, yet women usually stop taking their pills within two years because of side effects

HIS JOB: Founding president and executive director of the North American Menopause Society. He is also the director of the department of obstetrics and gynecology at the University Hospitals of Cleveland and chairman of the department of reproductive biology at Case Western Reserve University.

HIS CONTRIBUTION: When Utian wrote a book about menopause in the seventies, American publishers were appalled, he says. They told him that a book with "menopause" in the title would never sell. So Utian's book was released as *The Menopause Manual* in Europe, but as *Your Middle Years* in the United States.

Back then, Utian had to beg fellow physicians to attend his scientific conferences about menopause. Sometimes he could convince as many as twenty doctors to show up. Today, at least thirty nations have menopause societies, some with thousands of members. There is also a large number of books and some scientific journals devoted to the subject.

HIS INSPIRATION: "I think we still have tremendous challenges to overcome in health-care delivery, scientific





enstrual cy… …ictive biology

scoveries and educating peo… e," says Utian. "We need to …ntinue to clearly define the uses of hormone-related and …ge-related changes. We can't …op them, but we can limit …me of the deleterious effects."

S PREDICTION: "We are realiz… g that hormones influence … ost every body structure and …n have an association with a …ide range of diseases," he adds. …t's not just heart disease and …teoporosis, but many cancers, …lzheimer's disease, and even …anges in the skin. I see my or… …nization playing a big role in …mulating research and helping …searchers share ideas."

Autoimmune Diseases

…ckshin … re… … multidisciplinary center dedicated to the study and treatment of women afflicted with these disorders. The Barbara Volcker Center for Women and Rheumatic Diseases at the Hospital for Special Surgery, in New York City.

HIS CONTRIBUTION: Lockshin focuses not just on the medical toll but on the psychological trauma of autoimmune diseases. Many women with these diseases are dismissed as hypochondriacs and are not properly diagnosed for years because the symptoms can be vague and nonspecific. In his book, *Guarded Prognosis* (Hill & Wang, 19… takes the stand that we need a compassionate health-care system to care for people who are chronically ill.

HIS INSPIRATION: Women are nine times more likely than men to suffer from some autoimmune diseases, such as lupus, in which the body attacks random organs. "These diseases are particularly destructive to young women because they often strike during the childbearing years, when health and energy should be at its peak," says Lockshin. In each illness, the immune system attacks a specific target in the body.

HIS PREDICTION: By treating many women with a variety of autoimmune conditions, Lockshin believes he will gain a better understanding of the diseases, and thereby improve diagnosis and treatment. He hopes to solve the two biggest mysteries: What causes autoimmune diseases? And why are women so vulnerable?





OSTEOPOROSIS

Karl Insogna, M.D.

HIS JOB: Director of the Yale Bone Center at Yale University, in New Haven, Connecticut.

HIS CONTRIBUTION: The center conducts research on the prevention and treatment of osteoporosis—particularly, approaches that have not been tested before, such as the effect of high protein consumption on calcium absorption. (Most Americans eat excess protein.)

HIS INSPIRATION: If doctors knew more about how and why women's bones withered with age, they would have better ways to prevent and treat osteoporosis. Insogna and his team at the Yale Bone Center are focusing on parathyroid hormone, a chemical that helps regulate calcium levels. A current study is investigating whether the hormone triggers bone loss by boosting production of a chemical called interleukin-6, which is suspected to regulate the process. "It's definitely a new approach—and perhaps it will lead to new treatments," says Insogna.

HIS PREDICTION: "I wouldn't be surprised if within ten years we will see major breakthroughs, particularly new ways to build bone," says Insogna.

Bladder Disease

Kristene Whitmore, M.D.

HER JOB: One of the country's few women who are leaders in female urology. She is the author of *Overcoming Bladder Disorders* (HarperCollins, 1991).

HER CONTRIBUTION: Whitmore uses her positions as associate professor of urology at MCP–Hahnemann University, in Philadelphia, and as a member of the American Urological Association to promote basic research into the specific causes of these disabling diseases.

HER INSPIRATION: "I realized that too many women were not getting any help with bladder problems," says Whitmore. "There is still a stigma about discussing bladder function." According to her research, 49 percent of women with bladder problems do not talk to their doctors about it, and 48 percent of doctors never ask women about bladder function.

HER PREDICTION: In 1986, she was one of thirteen women in the specialty. Today there are 149 female urologists out of 9,000 urologists nationwide. She hopes that more women will become urologists and that the disorders will be more frequently discussed and investigated.

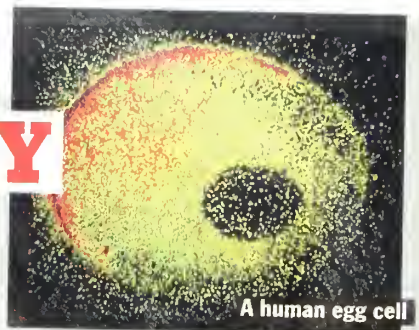
New treatments are in the works for bone, bladder and infertility problems in women

FERTILITY

David Gardner, M.D.

HIS JOB: Director of research and development at the Colorado Center for Reproductive Medicine, in Englewood.

HIS CONTRIBUTION: An internationally renowned embryologist, Gardner is one of a few investigators worldwide testing a new fertility treatment that boosts success rates from about 25 percent to well over 65 percent.



A human egg cell

HIS INSPIRATION: "When I started working in fertility labs ten years ago, I saw so many failed attempts and so many distraught women, I was determined that we should do better," says Gardner. His team is doing a variation on in vitro fertilization, blastocyst implantation, in which embryos are developed in the lab for five days instead of the usual three before being placed in the uterus. One reason is that the hardiest embryos, those most likely to make a healthy baby, survive the longest in the lab. One or two embryos are implanted into the patient, reducing the chances of multiple births. The risk to the mother and the babies increases dramatically with each additional developing fetus.

HIS PREDICTION: Gardner believes that within a decade, women seeking treatment will be given fewer drugs, and will get pregnant with fewer attempts.

Randi Hutter [illegible], M.D., is a medical reporter who contributes regularly to the Physician's Weekly.



WHO'S IN THE RUNNING FOR $11 MILLION? SUSAN? JACK?



Suddenly Susan

The KIDS Doctors CAN'T Forget



Jessica Dimsdale ne
her parents' help to
correct the disorder
was born with



Sometimes the smallest patients teach doctors the biggest lessons

By Sharlene K. Johnson

A Doctor/Parent Team

Michael Gauderer, M.D., chief of the department of pediatric surgery of the Children's Hospital of Greenville Hospital System, Greenville, South Carolina

I met Angela and Roger Dimsdale on March 19, 1996. A wonderful couple in their twenties, they were expecting their first child, a girl. Prenatal tests had indicated that the baby had a digestive-tract problem. The Dimsdales didn't know it yet, but they were about to play a large part in helping their daughter heal.

As a pediatric surgeon, I was there shortly after the induced delivery. Little Jessica had an esophageal atresia—a portion of her esophagus was missing, leaving her unable to swallow. Ninety percent of these cases can be fixed with a single operation to connect the ends. However, the gap between Jessica's upper and lower esophagus was unusually large, and the lower part had no opening to allow food into her stomach.

We had two options. I could replace the missing section of Jessica's esophagus surgically with a section of her colon or stomach—a quick fix, but one that can lead to health problems later on. Or we could try a newer procedure, pioneered in Germany, that would essentially stretch the two sections of her esophagus until they could be joined. It's a longer and more complicated solution, but one less likely to cause trouble in the future.

However, this second choice would require a great deal of time and commitment from Jessica's parents. Until she was ready for surgery, they had the option of caring for her at home—feeding her through her stomach tube and suctioning her saliva to keep it out of her lungs. "We want to do what's best for Jessica," Roger said.

Fortunately, Angela and Roger had courage and dedication, plus a lot of strong family support. Angela's mother took a leave from her job so she could help with the baby while Roger was at work.

When Jessica was two months old, she was ready for surgery. I brought the two ends as close together as possible (scar tissue would eventually fill in the rest of the gap). Then I made a tiny opening in the lower portion, and threaded *(continued)*

Gotta Cold?

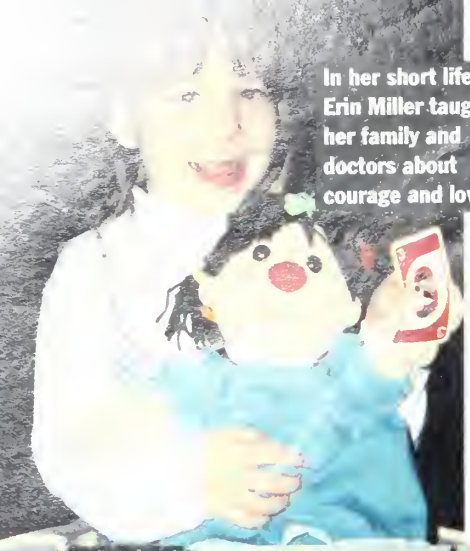
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In her short life, Erin Miller taught her family and doctors about courage and love



a string from her mouth through both portions of the esophagus and out the feeding tube in her stomach. It served as a guide for the small, pencil-like dilator we would use to widen the opening.

I offered Angela and Roger the option of doing the dilation themselves at home. Naturally, the Dimsdales were nervous, but once again they chose the option that seemed best for Jessica. We used increasingly larger dilators with decreasing frequency for about a year, until the opening was the right size with no danger of closing again.

To look at three-year-old Jessica now, you'd never know anything was ever wrong. Thanks in great part to her parents' willingness to assume a major role in her care, she can eat normally.

This case is memorable not only because of the unusual approach we used, but because of the tremendous teamwork and trust between the Dimsdales, our nurses, her other health-care providers, and me. And I think the ordeal strengthened the bond between Angela and Roger. They beat the odds in every sense.

A Lesson in Living

Susan Shurin, M.D., division chief of pediatric hematology and oncology, University Hospitals of Cleveland, Cleveland, Ohio

Over the first few months of 1997, four-year-old Erin Miller had been suffering headaches and having tantrums and nightmares. Her parents, Annette and David, were sure that something was terribly wrong. When her pediatrician noticed that one of Erin's eyes wasn't moving properly, she ordered a CT scan and then called me in.

The scan, and later an MRI, confirmed that Erin had a tumor called a brain stem glioma—one of the worst possible types of cancer. The median survival rate is only nine months from diagnosis.

Though clearly devastated, the Millers maintained their composure. Breaking such news is the toughest part of my job, and as a mother who has also lost a child, I know these parents' agony.

I discussed Erin's treatment extensively with David and Annette. Removing the tumor would injure her brain stem, which controls breathing and heartbeat. Ultimately, they opted for radiation, five days a week for seven weeks.

As the tumor shrank, relieving the horrible pressure on her brain, I discovered what Erin's parents had known all along: She was the sweetest little girl—kind, empathetic and very social. When the family was referred to the Make-A-Wish Foundation, which helps critically ill children realize their fondest dreams, all Erin wanted was to see her cousins from Nevada at Christmas. The foundation arranged the relatives' visit, and she had a wonderful time.

In January 1998, a neurosurgeon installed a shunt to drain the fluid that was building up in Erin's brain. By Valentine's Day, her condition seemed to stabilize. Ecstatic at the improvement, Annette assured Erin one day that everything would be all right. Erin replied, "No, Mom. God has a secret for me and I can't tell it to anyone. But it's okay."

About two months later, when Erin's headaches came back and she started losing her balance, we knew her time was running out. The Millers arranged for her to receive hospice care at home. Erin seemed to know she was dying, but her attitude was extraordinary. She saw it as sad, but not scary. "She never knew her grandmother, but she keeps telling me about the beautiful lady in white," Annette confided to me. "I think *(continued on page 102)*





Thanks to a remarkable device, Albert Jean's epilepsy no longer controls his life

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All your nose needs.

KIDS DOCTORS CAN'T FORGET

Continued from page 98

it was my mother."

On May 18, 1998, one of the hospice workers told me that Erin had died peacefully.

I knew all along that I couldn't prevent Erin's death. But the radiation and shunt did give her an extra eight or nine good months. I'll never forget the way she and her family were able to treasure each day and live every one, not with a sense of doom, but relishing life.

A Second Chance

Steven Schachter, M.D., medical director of clinical research at Beth Israel Deaconess Medical Center, Boston

Albert Jean was thirteen when he first came to my office in November 1995. To an uninformed observer, the teenager might have appeared clumsy, distant, even slow-witted. But as I examined him and listened while he and his parents told me about his long, frustrating battle, I saw a remarkable boy whose potential was being strangled by uncontrollable epileptic seizures.

Epilepsy is a disorder in which neurons in the brain misfire, causing seizures that range from mild to severe. Albert had what are known as complex partial seizures, as many as a dozen a day. He would suffer terrible headaches and nausea, appear disoriented and confused, shake and stiffen, then fall asleep or go into a stupor for a couple of hours.

By the time Nancy and Gary Jean brought their son to me, Albert couldn't ride his bike or even walk from class to class without an escort. "I feel like a total baby," he said. He was failing nearly every subject because the seizures wiped out his memory of each day's lessons. Both the seizures and his medication—he took fifteen or more pills a day—had left Albert barely functional, and he was miserable.

One of Albert's doctors had sent him to me to see if he might be a candidate for a new form of treatment our clinic was investigating, called a NeuroCybernetic Pros (NCP) system. We were one medical centers around the co involved in a clinical trial fo device, a small battery-ope electrical stimulator that works like a heart pacemaker.

Scientists have known from a studies since the thirties that adm tering a mild shock to the vagus on the left side of the neck—w connects to the brain stem—ch EEG activity. (We don't yet why it works.) The NCP stimu implanted under the skin of th per left chest and connected t left vagus nerve, delivers a thirty ond electrical impulse to the every five minutes.

The Jeans and I talked abou unusual treatment over the next eral months. No one would know til much later whether the would help him. The Jeans wer bert's best advocates. "If ther chance this is going to help, let for it," they said, and Albert agre

One of my colleagues, a neur geon, implanted the stimulato March 6, 1996. Albert would w wristband with a magnet and pla over the NCP whenever he f seizure coming on. Over the nex weeks, the frequency and streng the charge was gradually incre until it reached the level require the study. (The FDA has since proved the device.)

The results couldn't have b better. At sixteen, Albert still t two antiseizure drugs, but epil no longer disrupts his life. He occasional slight warnings, ca "auras," but the NCP keeps t from becoming full-blown seizu Albert can ride his bike and around school unescorted.

Aside from the dramatic impr ment in his grades—he now m the honor roll—Albert has becon self-assured, dynamic young m It's so gratifying to see him reali his full potential. That's really it's all about. ●

Sharlene K. Johnson is a contributi editor to Ladies' Home Journal.

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Eat Chocolate

And the other surprising things the experts do to stay healthy

By Amy Zintl

Even if you could keep up with all the latest medical advice, there just isn't enough time to follow every healthy habit. So what do doctors do to stay in peak physical condition? To find out, we surveyed top medical experts, who are privy to the latest research. Naturally, regular exercise and eating well top most of their lists. But there are a few fun and surprising habits that many of these experts practice, too.

Neal Barnard, M.D., 45

- I watch Formula One car races and go to the movies at least once a week, indulging in popcorn and cherry cola. I guess the snacks are pretty bad habits, but you have to enjoy your life.
- I'm especially partial to green and orange vegetables. I eat a lot of sweet potatoes and drink carrot juice.

Barnard is president of the Physicians Committee for Responsible Medicine and author of five books, including "Eat Right, Live Longer" (Crown Publishing, 1997).

Susan Love, M.D., 50

- I like to have [illegible] wine at night. Although consuming more than three alcoholic drinks a week increases your risk for breast cancer, a daily drink has been shown to decrease heart disease (a woman's risk of dying from heart disease is about eight times greater than her risk of dying from breast cancer).
- I read to my ten-year-old daughter every night before she goes to bed. Sometimes she'll read to me. It's a stress reducer and helps remind me what's important in life.
- I eat at least 40 grams of soy protein a day to reduce hot flashes, reduce cholesterol, and possibly benefit my bones and protect against breast cancer.

Love is an expert on breast health in Pacific Palisades, California, and author of "Dr. Susan Love's Hormone Book" (Random House, 1997).

Kenneth Cooper, M.D., M.P.H., 68

- I begin each morning with about fifteen minutes of prayer and Bible study. It tranquilizes me.
- I strive to keep things in my life in their proper priority, with God at the top, my family second and work third. Sometimes it's difficult because I work long hours.
- I run just prior to my evening meal, which suppresses my appetite. I don't eat much after eight P.M.

Cooper is founder and president of The Cooper Aerobics Center, in Dallas, Texas, and author of sixteen books, including "Faith-Based Fitness" (Thomas Nelson, 1997).

Diana L. Dell, M.D., 50

- I was a vegetarian, but I had an energy drain; my blood work showed low protein levels. So I've climbed back up to the top of the food chain and my energy has returned. I eat a simple, low-fat diet.
- I walk with my two small dogs three times a day. That's out of necessity for both the dogs and me.
- I take estrogen. There are a lot of very good data showing that women who take estrogen live longer and retain better *(continued on page 109)*

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Rediscover the life you have to live with CombiPatch.

CombiPatch is the small, discreet combination hormone patch that relieves those menopausal symptoms. Its advanced adhesive keeps the patch in place so you only change it twice a week. Bathe, shower—even exercise in the pool—without giving it a second thought.

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CombiPatch helps give you back the comfort and confidence menopause took away.

CombiPatch is indicated for menopausal women with an intact uterus. Some patients may experience side effects. Most are usually temporary and disappear over time. They include breast pain, menstrual cramps, skin irritation around the patch site, and irregular bleeding or spotting.

You should not use hormone replacement therapy if you are pregnant because of possible risk to the fetus. When you speak with your healthcare provider, be sure to discuss your personal or family history of breast cancer, breast lumps, abnormal vaginal bleeding, abnormal blood clotting, severe headache, or dizziness. While on hormone replacement therapy, should you experience any abnormal symptoms, such as leg or chest pain or vision changes, please contact your healthcare provider immediately as these symptoms may indicate serious life-threatening illnesses such as heart attack or blood clots.

So, talk with your doctor about new CombiPatch. It's easy to use and so comfortable that you'll say, "What menopause?" For more information, call **877-Combi-4-U (877-266-2448), ext. 178,** *or visit our Web site at www.combipatch.com.*

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CombiPatch™

estradiol/norethindrone acetate transdermal system

SUMMARY

INDICATIONS AND USAGE

CombiPatch™ (estradiol/NETA) transdermal system is indicated for

- moderate to severe vasomotor symptoms associated with menopause
- vulvovaginal atrophy
- hypoestrogenism due to hypogonadism, castration or primary ovarian failure

CONTRAINDICATIONS

CombiPatch™ should not be used in women under any of the following conditions

- Known or suspected pregnancy (including use for or as a diagnostic test for pregnancy)
- Estrogens may cause fetal harm when administered to a pregnant woman
- Known, suspected, or history of cancer of the breast
- Known or suspected estrogen-dependent neoplasia
- Undiagnosed abnormal genital bleeding
- Active or recent (e.g., within the past year) thromboembolic disorders or stroke
- Known hypersensitivity to estrogen, progestin or to any CombiPatch™ estradiol/norethindrone acetate transdermal system components

WARNINGS

ALL WARNINGS BELOW PERTAIN TO THE USE OF THIS COMBINATION PRODUCT

Induction of Malignant Neoplasms

Estrogen-associated endometrial cancer risk among users of unopposed estrogen therapy is greater than in nonusers, and appears dependent on duration of treatment (risk increases with longer use). Most studies show no significant increased risk associated with therapy of less than one year. The greatest risk appears to be associated with prolonged therapy, with increased risks of 15- to 24-fold for five years or more. In three studies, persistence of increased risk was demonstrated for 8 to over 15 years after cessation of estrogen treatment. In one study, a significant decrease in the incidence of endometrial cancer occurred six months after estrogen withdrawal. Other studies demonstrated a reduced risk of endometrial cancer or the risk disappeared when estrogen treatment levels when a progestin was admin stered in combination with estrogen in hormone replacement therapy.

One clinical trial demonstrated that when progestin was administered with estrogen as in the CombiPatch™ system, versus estrogen therapy alone, there is a markedly reduced incidence of endometrial hyperplasia (1% versus 20% respectively), a possible precursor of endometrial cancer.

Breast Cancer: Some studies have reported a moderately increased risk of breast cancer (relative risk = 1.3 to 2.0) in women on estrogen replacement therapy taking high doses, or in those taking low doses for prolonged periods of time, especially in excess of 10 years. The majority of studies, however, have not shown an association between breast cancer and women who have ever used estrogen replacement therapy. There is no conclusive evidence that concurrent progestin use alters the risk of breast cancer in long-term users of estrogen. See **PRECAUTIONS**.

Congenital Lesions with Malignant Potential: Estrogen therapy during pregnancy is associated with an increased risk of fetal congenital reproductive tract disorders and possibly other birth defects. Studies of women who received DES during pregnancy have shown that female offspring have an increased risk of vaginal adenosis, squamous cell dysplasia of the uterine cervix and clear cell vaginal cancer later in life; male offspring have an increased risk of urogenital abnormalities and possibly testicular cancer later in life. Although some of these changes are benign, others are precursors of malignancy.

Cardiovascular Disease: Large doses of estrogen (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown in a large prospective clinical trial in men to increase the risk of nonfatal myocardial infarction, pulmonary embolism and thrombophlebitis. These risks cannot necessarily be extrapolated from men to women or from unopposed estrogen to combination estrogen/progestin therapy. However, to avoid the theoretical cardiovascular risk associated with high estrogen doses, the dose for estrogen replacement therapy should not exceed the lowest effective dose.

Hypercalcemia: Administration of estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases. If this occurs, CombiPatch™ should be discontinued and appropriate measures should be taken to reduce the serum calcium level.

Thromboembolic Disorders: The physician should be alerted to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected, CombiPatch™ should be discontinued immediately.

Visual Abnormalities: If there is sudden partial or complete loss of vision, or a sudden onset of proptosis, diplopia or migraine, CombiPatch™ should be discontinued. If examination reveals papilledema or retinal vascular lesions, CombiPatch™ should be discontinued.

PRECAUTIONS

General: Based on experience with estrogens and/or progestins:

Endometrial Cancer: Progestins taken with estrogen drugs significantly reduce, but do not eliminate the risk of endometrial cancer that is associated with the use of estrogen. Close clinical surveillance is vital. Women taking estrogens is important. Adequate diagnostic measures, including endometrial sampling when appropriate, should be undertaken to rule out malignancy in cases of undiagnosed persistent or recurring abnormal vaginal bleeding. There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equivalent estrogen dose.

Use in Women Who Have Undergone Hysterectomy: Existing data do not support the use of estrogen and progestin in postmenopausal women without a uterus (See *Addition of a Progestin*).

Addition of a Progestin: There are possible risks that may be associated with the co-administration of a progestin and estrogen based hormone replacement therapy. These risks include adverse effects on carbohydrate metabolism and impairment of glucose tolerance have not been observed in CombiPatch™ clinical trials.

The possible enhancement of mitotic activity in breast epithelial tissue has also been reported with oral progestin therapy. While the effects of added progestins on the risk of breast cancer are unknown, available epidemiological evidence suggests that progestins do not reduce, and may enhance, the moderately increased breast cancer incidence that has been reported with prolonged estrogen replacement therapy (See **WARNINGS**).

Physical Examination: A complete medical and family history should be taken before initiation of any estrogen therapy and periodically thereafter. The physical examinations should include special reference to blood pressure, breasts, abdomen and pelvic organs, as well as a cervical Papanicolaou test. Generally, estrogen should not be prescribed for longer than 1 year without another physical examination being performed.

Cardiovascular Effects: A causal relationship between estrogen replacement therapy and the development of cardiovascular disease in postmenopausal women has not been proven. The role of added progestins on this putative benefit is not yet known.

Some epidemiological studies have suggested that there may be a cause-effect relationship between myocardial infarction and estrogen replacement therapy without added progestins and a decreased risk of myocardial infarction in women. Although many of the observational studies which suggested this statistical association have reported a 20 to 50% reduction in coronary heart disease associated with estrogen users, the following should be considered when interpreting these reports:

- None of these studies was randomized and it was too small to yield statistically significant results. All relevant studies were subject to selection bias. Thus the apparently decreased incidence of coronary artery disease cannot be attributed with certainty to estrogen replacement therapy. Instead may have been caused by life-style and medical characteristics associated with the result that healthier women were selected for estrogen therapy. Women who were of higher socioeconomic and educational status, more slender, more likely to have undergone surgical menopause and less likely to be diabetic treated women. Although some studies attempted to control for these factors, there is a need for properly designed randomized trials to fail to confirm benefits in these epidemiology designs. Thus ongoing and future large scale randomized trials are needed to fully assess this potential benefit.

Some studies have also suggested that the use of concomitant progestin therapy in women with intact uteri (See **PRECAUTIONS** and **WARNINGS**). While the effects of added progestins on the risk of ischemic heart disease are not known, all available progestins reverse the favorable effects of estrogens on HDL levels as observed with CombiPatch™, although the norethindrone acetate in CombiPatch™ maintained the favorable effects of estrogens on LDL levels (See **CLINICAL STUDIES**).

Gallbladder Disease: There is a reported 2- to 4-fold increase in the risk of surgically confirmed gallbladder disease in postmenopausal women receiving oral estrogens. Similar increases in gallbladder disease have not been reported with transdermal estradiol. Transdermal estrogen therapy does not increase biliary cholesterol saturation index; therefore the risk may be diminished.

Elevated Blood Pressure: Occasional reversible blood pressure increases during oral estrogen replacement therapy have been attributed to idiosyncratic reactions to estrogens. More often, however, blood pressure has remained the same or has decreased.

Theoretically, in estrogen and progestin therapy, blood pressure elevations could be the result of increased renin substrate or angiotensin II levels, although these increases have not been reported in transdermal therapy.

Studies with CombiPatch™ estradiol/norethindrone acetate transdermal system showed no clinically significant changes in blood pressure among patients taking CombiPatch™. Nonetheless, blood pressure should be monitored at regular intervals with estrogen use.

Fluid Retention: Because estrogens and/or progestins may cause some degree of fluid retention, careful observation is required when conditions that might be influenced by this factor are present (*e.g.*, asthma, epilepsy, migraine, and cardiac or renal dysfunction).

Uterine Bleeding and Mastodynia: Certain patients may develop undesirable manifestations of estrogenic stimulation, such as abnormal uterine bleeding or mastodynia. In cases of undiagnosed abnormal bleeding, transvaginal ultrasonography or endometrial tissue sampling is generally appropriate, but evaluation should be based on the individual patient (See **WARNINGS**).

Collection of Pathological Specimens: The pathologist should be advised of estrogen/progestin therapy when relevant specimens are submitted.

Based on experience with estrogens or progestins:

Hypercoagulability: Recent retrospective case-controlled studies have reported an increased risk of venous thromboembolism (VTE) among current users of estrogen replacement therapy versus nonusers. This risk appears dose-duration dependent and is less pronounced than that associated with oral contraceptives. Although these studies found that estrogen use was associated with an increase in the relative risk of VTE, the absolute risk was low because of the infrequency of this event. Because of the occasional occurrence of thrombotic disorders (thrombophlebitis, pulmonary embolism, retinal thrombosis, cerebrovascular disorders) and because there is insufficient information on hypercoagulability in women who have had previous thromboembolic disease, the benefit-risk of prescribing hormone replacement therapy should be reviewed individually for women with a past history of deep vein thrombosis or a family history of idiopathic thrombosis. The physician should be alert to the earliest manifestations of these disorders.

Familial Hypertriglyceridemia: Oral estrogen therapy may be associated with elevations of plasma triglycerides leading to pancreatitis and other complications in patients with familial defects of lipoprotein metabolism. Data from experience with CombiPatch™ and other transdermal estradiols regarding lipoproteins consistently show a reduction in triglycerides in postmenopausal women. Nonetheless, patients with familial hypertriglyceridemia should be monitored closely when on estrogen therapy.

Lipoprotein Metabolism: See **CLINICAL STUDIES**.

Information for Patients: See Patient Package Insert included with this product.

Impaired Liver Function: Estrogens may be poorly metabolized in patients with impaired liver function. Although transdermally administered estrogen therapy avoids first-pass hepatic metabolism, estrogens should still be administered with caution in such patients.

Laboratory Tests: Estrogen administration should generally be guided by clinical response at the smallest dose, rather than laboratory monitoring, for relief of symptoms for those indications in which symptoms are observable.

Drug/Laboratory Test Interactions: The following laboratory tests may be altered by the use of estrogens or estrogen-progestin combination drugs (such as CombiPatch™):

- Prothrombin time, activated partial thromboplastin time and platelet aggregation time: increased; platelet count: increased; factors II, VII antigen, VIII antigen, VIII coagulation activity, IX, X, XII, VII:X complex, II-VII-X complex and beta-thromboglobulin: decreased; levels of anti-Factor Xa and antithrombin III: decreased; antithrombin III activity: increased; levels of fibrinogen activity: increased; plasminogen antigen and activity.
- Increased thyroid-binding globulin (TBG) leading to increased circulating total thyroid hormone as measured by protein-bound iodine (PBI), T4 levels (by column or by radioimmunoassay) or T3 levels (by radioimmunoassay). T3 resin uptake is decreased, reflecting elevated TBG. Free T4 and free T3 concentrations are unaltered.
- Other binding proteins may be altered in serum, *i.e.* increased corticosteroid binding globulin (CBG) leading to increased circulating corticosteroids; decreased SHBG. Free or biologically active hormone concentrations are unchanged. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1 antitrypsin, ceruloplasmin).
- Decreased serum total cholesterol, HDL-C and HDL-C subfraction, LDL-C and triglycerides concentrations.
- Reduced response to metyrapone test.
- Reduced serum folate concentration.
- Increased sulfobromophthalein retention.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. Long-term continuous administration of natural and synthetic progestins increases the frequency of benign liver tumors in male mice, but not in male or female rats (See **CONTRAINDICATIONS** and **WARNINGS**).

Norethindrone acetate was not mutagenic in a battery of *in vitro* or *in vivo* genetic toxicity assays.

Pregnancy Category X: Estrogens should not be used during pregnancy. Estrogen therapy during pregnancy is associated with an increased risk of congenital defects in the reproductive organs of the fetus, and possibly other birth defects. Studies of women who received diethylstilbestrol (DES) during pregnancy have shown that the female offspring have an increased risk of vaginal adenosis, squamous cell dysplasia of the uterine cervix, and clear cell vaginal cancer later in life; male offspring have an increased risk of urogenital abnormalities and possibly testicular cancer later in life. Although some of these changes are benign, others are precursors of malignancy. The 1985 DES Task Force concluded that use of DES during pregnancy is associated with subsequent increased risk of breast cancer in the mother, although a causal relationship remains unproven, and the observed level of excess risk is similar to that for a number of other breast cancer risk factors.

Several reports also suggest an association between intrauterine exposure to progestational drugs in the first trimester of pregnancy and genital abnormalities in male and female fetuses. The risk of hypospadias, 5 to 8 per 1000 male births in the general population, may be approximately doubled with exposure to these drugs. There are insufficient data to quantify the risk to exposed female fetuses; some of these drugs induce mild virilization of the external genitalia of the female fetus.

Nursing Mothers: Detectable amounts of estradiol and norethindrone have been identified in the milk of mothers receiving these products and has been reported to decrease the quantity and quality of the milk. As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary, since many drugs are excreted in human milk.

ADVERSE REACTIONS

See **WARNINGS**, and **PRECAUTIONS** regarding potential adverse effects on the fetus; induction of malignant neoplasms; cardiovascular disease; hypercalcemia; visual abnormalities; and adverse effects similar to those of oral contraceptives, including thromboembolism.

Table III All Treatment Emergent Study Events Regardless of Relationship Reported at a Frequency of ≥ 5% with CombiPatch™

VASOMOTOR SYMPTOM STUDIES

	CombiPatch™ 0.05/0.14 mg per day n = 113	CombiPatch™ 0.05/0.25 mg per day n = 112	Placebo n = 107
Body as a Whole	46%	48%	41%
Abdominal pain	7%	6%	4%
Accidental injury	4%	5%	8%
Asthenia	8%	12%	4%
Back pain	11%	9%	5%
Flu syndrome	9%	5%	7%
Headache	18%	20%	20%
Body as a Whole (cont'd)			
Pain	6%	4%	9%
Digestive	19%	23%	24%
Diarrhea	4%	5%	7%
Dyspepsia	1%	5%	5%
Flatulence	4%	5%	4%
Nausea	11%	8%	7%
Nervous	16%	28%	28%
Depression	3%	5%	9%
Insomnia	3%	6%	7%
Nervousness	3%	5%	1%
Respiratory	24%	38%	26%
Pharyngitis	4%	10%	2%
Respiratory disorder	7%	12%	7%
Rhinitis	7%	13%	9%
Sinusitis	4%	9%	9%
Skin and Appendages	8%	17%	16%
Application site reaction	2%	6%	4%
Urogenital	54%	63%	28%
Breast pain	25%	31%	7%
Dysmenorrhea	20%	21%	5%
Leukorrhea	5%	5%	3%
Menstrual Disorder	6%	12%	2%
Papanicolaou Smear Suspicious	8%	4%	5%
Vaginitis	6%	13%	5%

Represents milligrams of estradiol/NETA delivered daily by each system

Table IV All Treatment Emergent Study Events Regardless of Relationship Reported at a Frequency of ≥ 5% with CombiPatch™

ENDOMETRIAL HYPERPLASIA STUDIES

	CombiPatch™ 0.05/0.14 mg per day n = 325	CombiPatch™ 0.05/0.25 mg per day n = 312	VIVELLE 0.0 mg per n = 3
Body as a Whole	61%	60%	59%
Abdominal pain	12%	14%	16%
Accidental injury	10%	11%	8%
Asthenia	10%	13%	11%
Back pain	15%	14%	13%
Flu syndrome	14%	10%	7%
Headache	25%	17%	21%
Infection	5%	3%	3%
Pain	19%	15%	13%
Digestive	42%	32%	31%
Constipation	2%	5%	3%
Diarrhea	14%	9%	7%
Dyspepsia	8%	6%	5%
Flatulence	7%	5%	6%
Nausea	8%	12%	11%
Tooth Disorder	6%	4%	1%
Metabolic and Nutritional Disorders	12%	13%	11%
Peripheral edema	6%	6%	5%
Musculoskeletal	17%	17%	15%
Arthralgia	6%	6%	5%
Nervous	33%	30%	28%
Depression	8%	9%	8%
Dizziness	6%	7%	5%
Insomnia	8%	6%	4%
Nervousness	5%	6%	3%
Respiratory	45%	43%	40%
Bronchitis	5%	3%	4%
Pharyngitis	9%	9%	8%
Respiratory disorder	13%	9%	13%
Rhinitis	19%	22%	17%
Sinusitis	10%	12%	12%
Skin and Appendages	38%	37%	31%
Acne	4%	5%	4%
Application site reaction	20%	23%	17%
Rash	6%	5%	3%
Urogenital	71%	79%	74%
Breast Enlargement	2%	7%	2%
Breast pain	34%	48%	40%
Dysmenorrhea	30%	31%	19%
Leukorrhea	10%	8%	9%
Menorrhagia	2%	5%	9%
Menstrual Disorder	17%	19%	14%
Vaginal hemorrhage	3%	6%	12%
Vaginitis	9%	13%	13%

Represents milligrams of estradiol/NETA delivered daily by each system

OVERDOSAGE

Overdosage with this dosage form is unlikely. Overdosage may cause nausea, and vaginal bleeding may occur in females. Serious ill effects have not been reported following acute ingestion of large doses of estrogen/progestin-containing oral contraceptives by young children. In the event of a possible overdosage, the system should be removed immediately and medical attention sought.

Keep out of the reach of children.

Rx only

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VIVELLE® is a registered trademark of Novartis Pharmaceutical Corporation

Please see product circular for full prescribing information.

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Health habits can be about good priorities, little indulgences or just commonsense preventives

HOW EXPERTS STAY HEALTHY

continued from page 104

brain function as they age. I also take it as a preventive measure against heart disease and colon cancer.

Dell is an assistant professor of obstetrics and gynecology at Duke University Medical Center, in Durham, North Carolina, and co-author of "The Women's Complete Wellness Book" (Golden Books, 1998).

Dean Ornish, M.D., 45

• My number-one health habit is my relationship with my wife. Studies show that people who spend time with people they care about live longer and have fewer diseases than those who don't.

• I'm careful not to call any food "bad." That word has an oppressive quality to it. For me, free choice is a better motivator. So I eat mainly a low-fat, vegetarian diet with occasional forays into small amounts of chocolate and fish.

Ornish is president and director of the nonprofit Preventive Medicine Research Institute, in Sausalito, California, and author of "Love & Survival" (HarperCollins, 1998).

Kathy Schwarzenberger, M.D., 38

• I laugh a lot. I try to see the humorous side of life. Wrinkles from laughing are much better than the ones you get from sun damage.

• As a blond dermatologist who loves sports and lives in the South, I can't be too careful about sun protection. I wear an SPF 15 moisturizer daily—SPF 30 when I'm outdoors.

Schwarzenberger is an assistant [illegible] and Medical University of South Carolina, in Charleston.

Pamela Peeke, M.D., M.P.H., 47

• I need to challenge myself continually, both physically and mentally. I exercise every day. I love distance running and rock climbing. I love learning new things. Currently, my passions are studying about herbs, biochemistry and cooking.

• I practice self-renewal in some form every day: a lavender aromatherapy bath or reading a magazine article that's just for fun.

Peeke is an assistant professor of medicine at the University of Maryland School of Medicine, and an adjunct scientist with the National Institutes of Health, both in Bethesda, Maryland.

Debra R. Judelson, M.D., 47

• I try to reduce the number of colds and flus I catch by constantly washing my hands. My hands look about five years older than the rest of my body, but it's worth it. I also gargle regularly and replace my toothbrush often.

• I take a brisk twenty-minute walk early in the morning. I make sure I lay out my sneakers, sweats and house key at night. During my walk, I plan my day.

• I practice a flash relaxation technique whenever I feel stressed. For a few seconds, I focus on someone for whom I am immensely grateful. My entire body relaxes and I feel a lightness of my spirit.

Judelson is medical director of the [illegible] Heart Institute in Los Angeles, and co-author of "The Women's Complete Wellness Book."

Elizabeth Somer, M.A., R.D., 48

• I drink about nine 8-ounce glasses of water a day.

• I strength-train religiously with free weights. I cycle for aerobic fitness, but it doesn't do enough to keep the muscle mass you need to slow the aging process.

Somer is a nutrition correspondent for "Good Morning America" and author of "Age-Proof Your Body" (William Morrow, 1998).

Risa Kagan, M.D., 45

• I am a full-time working woman with three school-age children and a husband. Sometimes I can't exercise formally, so I walk after my kids' soccer games. Or we'll go on a family bike ride. *(continued on page 112)*

The Top Three

These health habits were nearly unanimous among our experts.

• Eating at least five servings of fruits and vegetables every day is critical to your health. Try having orange juice and fruit with breakfast, an apple as a snack, and a vegetable and salad with dinner.

• Cardiovascular fitness is important, but strength-training is a simple and easy way to build strong muscles and bones and manage your weight (adding muscle increases your metabolism).

• It's best to get your nutrients from healthy foods rather than supplements. Just the same, a majority of our experts take a daily multivitamin as a safety net. Many of them also take calcium, magnesium and antioxidants such as vitamins C and E. —A.Z.

OVERACTIV
ISN'T NORMA



BLADDER AT ANY AGE

Discover

Detrol™

tolterodine tartrate tablets

A PROBLEM FOR MILLIONS

Millions of people have the symptoms of an overactive bladder: frequent, strong, sudden urges to go to the bathroom; often having to go more than 8 times in 24 hours; wetting accidents. Many once believed that these problems were an inevitable part of getting older. The medical fact is, an overactive bladder isn't normal at any age.

DETROL TABLETS: PROVEN EFFECTIVE FOR OVERACTIVE BLADDER

Prescription DETROL *significantly reduces the number of times patients go to the bathroom, day and night.* In fact, in a 12-week clinical study with DETROL, patients went about 20% less often (about 2 less times in a 24-hour period) versus patients taking a sugar pill who went 10% less often (about 1 less time). Prior to treatment, patients had reported going to the bathroom an average of about 10.5 times over 24 hours.

In a 12-week clinical study, the decrease in wetting accidents was similar with DETROL and sugar pill over a 24-hour period. Wetting accidents occurred an average of 1.2 fewer times with DETROL versus an average of 0.8 fewer times with a sugar pill. Prior to treatment, patients had reported an average of about 2.5 wetting accidents over 24 hours.

Only your doctor can tell [illegible] DETROL is right for you.

See the next page for important [illegible] information

ASK YOUR DOCTOR

You should not use DETROL if you have certain types of stomach, urinary, or glaucoma problems. DETROL is generally well tolerated. The most common side effect is dry mouth (39.5% vs 15.9% for sugar pill). But less than 1% of patients discontinued therapy for this reason. Other common side effects may include constipation, dry eyes, headache, and indigestion. Ask your doctor if DETROL is right for you, or call 1-800-628-0603 for more information.

COMMON SYMPTOMS OF AN OVERACTIVE BLADDER

Yes	No	
❑	❑	I frequently have a strong, sudden urge to urinate.
❑	❑	I often go to the bathroom more than 8 times in a 24-hour period.
❑	❑	I frequently get up twice or more at night to go to the bathroom.
❑	❑	I go to the bathroom so frequently that it interrupts my life.
❑	❑	I'm not always able to hold on until I reach a bathroom.

If you experience some of these symptoms, bring this to your doctor. This will help your doctor diagnose your condition and determine what treatment is right for you.

ASK YOUR DOCTOR ABOUT *Detrol*.

[illegible] a Pharmacia & Upjohn Company

DETROL™ Tablets
tolterodine tartrate tablets

What are DETROL Tablets used for?
DETROL Tablets are used to treat a condition called overactive bladder. Patients with overactive bladder have these symptoms urgency (a strong and sudden desire to urinate), frequent urination day and night, or urge incontinence (accidental loss of urine followed by a sudden and unstoppable urge to urinate).

What is an overactive bladder?
An overactive bladder is a term for involuntary contractions of the bladder muscle (detrusor).

How does DETROL work?
DETROL blocks contractions of the bladder muscle.

What will DETROL do for me?
In three studies of patients with an overactive bladder, DETROL reduced the number of urinations in two of three studies and increased the amount voided per urination in all three studies compared with placebo (sugar pill).

Who should not use DETROL?
DETROL should not be used by patients with:
- urinary retention (inability to empty the bladder)
- gastric retention (delayed emptying of the stomach)
- uncontrolled narrow-angle glaucoma
- a history of any unusual or allergic reaction to DETROL

What are the precautions associated with use of DETROL?
DETROL should be used with caution by patients with any of the following conditions: significant bladder outflow blockage (slow urinary stream), because of the risk of urinary retention; gastrointestinal blockage disorders, such as pyloric stenosis (a narrowing of the opening where the stomach empties into the small intestine), because of the risk of gastric retention; narrow-angle glaucoma that is being treated; and kidney disease. Patients with liver disease should not receive doses of DETROL greater than 1 mg twice daily. Medicines like DETROL may cause blurred vision. See also, "**Can I take DETROL while taking other medicines?**" (below). It is not known whether taking DETROL will affect the results of laboratory tests you may undergo for other reasons. In special studies conducted in animals and/or test tubes, the active ingredient in DETROL did not cause an increase in tumors, genetic changes, or changes in fertility.

Can I take DETROL if I am pregnant or nursing?
DETROL has not been studied in pregnant women. Therefore, DETROL should be used during pregnancy only if the potential benefit for the mother justifies the potential risk for the unborn baby. It is not known whether the active ingredient in DETROL passes into human milk. Therefore, mothers who breast-feed should stop taking DETROL until they are no longer nursing.

Can DETROL be used by children?
DETROL has not been studied in children.

Can DETROL be used by elderly patients?
Studies of DETROL included patients up to 91 years of age; nearly half were 65 to 91 years of age. Generally, no overall differences were seen in safety between older and younger patients; therefore, no dosage adjustment is required based on age.

Can I take DETROL while taking other medicines?
As with all prescription medicines, before you take DETROL, it is important for your health care professional to know if you are taking any other medicines. Be sure to mention those that you can buy without a prescription, especially cough/cold medicines, which may also affect urination. Patients taking certain medicines (like erythromycin, Biaxin® [clarithromycin], Sporanox® [itraconazole], Nizoral® [ketoconazole], and miconazole) should not receive doses of DETROL greater than 1 mg twice daily.

What are the most common side effects of DETROL?
Dry mouth was the most common side effect during 12 weeks of treatment with DETROL (reported by 39.5% of those taking 2 mg twice daily compared with 15.9% of those taking a placebo [sugar pill]). Other side effects related to DETROL were indigestion (dyspepsia), headache, constipation, and dry eyes. Eight percent of patients treated with DETROL 2 mg twice daily stopped treatment because of side effects. Dizziness and headache were the most common reasons for stopping treatment with DETROL. DETROL may also cause blurring of near vision, slowing of urinary stream, or inability to urinate. The following events were reported by patients taking DETROL but were not considered treatment-related—back pain; chest pain; fatigue, flu-like symptoms; falls; paresthesia (abnormal sensation); vertigo/dizziness; abdominal pain; diarrhea; flatulence (gas); nausea, vomiting; bronchitis, coughing; pharyngitis, rhinitis (runny nose), sinusitis; upper respiratory tract infection; dysuria (painful urination), frequent urination; urinary retention (inability to urinate) or urination disorder, urinary tract infection, pruritus (itching), rash/erythema (redness); dry skin; arthralgia (painful joints); abnormal vision; nervousness; somnolence (sleepiness); weight gain; hypertension (high blood pressure); and infection, including fungal infection. If you are bothered by side effects, check with your doctor.

How should I take DETROL?
The recommended starting dose of DETROL is 2 mg twice daily for most patients. The dose may be lowered to 1 mg twice daily, if needed. Patients with liver disease and those taking certain medicines (like erythromycin, Biaxin, Sporanox, Nizoral, and miconazole) should not take more than 1 mg twice daily.

℞ only

US Patent No. 5,382,600

Manufactured for
Pharmacia & Upjohn Company
Kalamazoo, MI 49001, USA

By
Pharmacia & Upjohn S.p.A.
Arcore (MI), Italy

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HOW EXPERTS STAY HEALTHY

Continued from page 109

• I eat nonfat yogurt every day and take calcium. Most days, I enjoy a nonfat latte, decaf or not, for more calcium. The caffeine doesn't detract as much as the milk adds.

• I add fiber to my diet every day to help prevent colon cancer. There's a strong prevalence of polyps and colon cancer in my family. Some days I also take a fiber therapy preparation such as Metamucil, Citracil or FiberCon tablets.

Kagan is a gynecologist and surgeon, and medical co-director of the Foundation for Osteoporosis Research and Education (FORE) in Oakland, California.

Etty Griffin, M.D., 53

• Like Ben Franklin, I believe in early to bed and early to rise. I can get my thoughts organized for the day before the rest of the world wakes up. I don't quite have the early-to-bed part down. And when I don't get up early, I feel I'm always behind, which creates a lot of stress.

• I make sure I get at least thirty minutes of aerobic exercise ever[y] d[ay]. I'm a fanatic about it and I'll g[et] t[he] thirty minutes no matter what e[lse] if I have to do it at midnight.

Griffin is a sports medicine specialist and orthopedic surgeon, and was a consultant at the 1996 Summer Olympic Games, in Atlanta, Georgia.

Alice D. Domar, Ph.D., 40

• We take family walks three t[o f]our times a week. My husband and I take turns pushing our three-year-old daughter in her stroller over hill[s a]nd rain for about an hour. Our daughter brings along a pile of books and "reads" to us. We get exercise and have time to talk and it's relaxing.

• I'm obsessed with reading the paper daily, even when I get home from work. It's time for *me*, so [I] it relaxing. I also do meditation and breathing exercises.

Domar is director of the Mind/Body Center for Women's Health at the Mind/Body Medical Institute at Harvard Medical School, in Boston and author of "Healing Mind, Healthy Woman" (Dell, 1997). ●

THE STARR RETORT

Continued from page 80

looks to me that it's been more than one indiscretion."

No end in sight

Last November, when her husband testified before the House Judiciary Committee, Alice felt both pride and a growing sense of relief because she says she saw the light at the end of the tunnel.

"She was virtually floating afterward," says Judi Nardella.

That euphoria, however, was short-lived. Just days later, Sam Dash, Starr's ethics adviser, quit, claiming Starr had crossed the line between independent counsel and aggressive advocate for impeachment. Alice says his departure marked a low point in the investigation for Ken.

That the whole ordeal may end soon is Alice Starr's greatest hope. She wants the U.S. marshals gone. She'd like to go out to dinner again, and to take a vacation with her family.

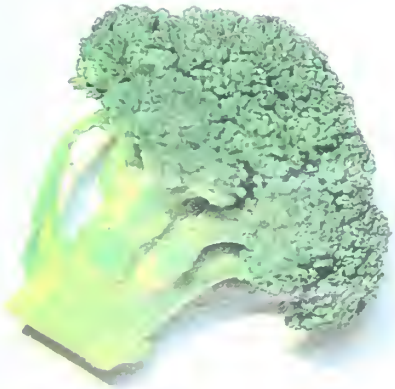
Years in the future, when [the] headlines are history and the poli[tical] fallout has dispersed, she says [she] and Ken will look through the s[cra]books of press clippings s[he] amassed. With last December's [im]peachment, she sees vindication [for] her husband—proof that legal i[ssues] were the root of the investigation [and] prurient fascination with preside[nt's] infidelity. "I can't predict what h[is] ry will say about all this," Alice [re]sternly. "I do know when they [look] back at Ken's job they'll say tha[t he] did it with integrity."

Reminiscing about their life [to]gether, Alice remembers ho[w] rained so hard on their wedding [day] they feared it would never s[top]. When the couple arrived at t[heir] honeymoon destination, a lodg[e in] the Poconos, they discovered it [had] burned to the ground. "We di[dn't] know if that was an omen," she s[ays] laughing. "But we stuck toge[ther] through that, and we've stuck tog[eth]er through all this, too." ●

What's your most valuable source of good nutrition?

a)

y products



b)

egetables



c)

egistered
ietitian

The answer may surprise you. It's a **registered dietitian** — an R.D. Registered dietitians are the experts in helping people eat healthier. And don't worry, an R.D. knows that delicious food is important to you. Meet with one, and she'll tailor an eating plan for your lifestyle. The plan will include the foods you need, and the ones you can't live without. For more information or to find an R.D. near you, call The American Dietetic Association's Consumer Nutrition Hot Line at 1-800-366-1655, or visit our Web site at www.eatright.org. For a free copy of our brochure, "Take A Fresh Look At Nutrition," send a business-size self-addressed stamped envelope to: ADA-MC, 216 West Jackson Blvd., Chicago, IL 60606. Registered dietitians. Your most valuable source of good nutrition.

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Patients Do the DARNEDEST Things



"Before we try assisted suicide, Mrs. Rose, let's give the aspirin a chance."

Ever wonder what your doctor thinks about you? Your diagnosis could depend on it

By Linda Marsa

When Alicia Goldstein's week-old baby developed a raging fever, she was reluctant to follow her pediatrician's orders to bring him to the hospital. As a nurse, she feared it would expose her ailing infant to an array of germs that could make him even sicker.

But her pediatrician was insistent, because fever in an infant can be life-threatening. "If that baby is not in the hospital in the next few hours," he told her, "you can find yourself another pediatrician."

"I knew he meant business," says Goldstein, then thirty-three, so she brought her son to the hospital, where he was carefully monitored until his fever went down. Of course, she was concerned about her child, but she also knew that ignoring medical advice ranks high on the list of physicians' grievances about their patients. Goldstein wanted to maintain a good rapport with the doctor, whom she knew was top-notch.

When you are ill, your first concern probably is not your physician's feelings. But at some point, you might want to consider them—for your own good. Despite training to be objective, doctors are human. And scary as it may seem, they are far less inclined to go the extra mile for uncooperative patients, or for those they just plain don't like.

Legally, of course, doctors can't stint on basic care. But today's harried primary-care providers may squeeze in as many as thirty-five appointments a day. As a result, it's easy for troublesome patients to slip through the cracks. You don't want your chart to end up at the bottom of the pile when your doctor is having a busy day.

Studies have also shown that physicians' attitudes, biases and emotional hot buttons can interfere with their ability to care for and communicate with their patients.

What Doctors Really Want

Family physicians say the primary reason they chose to practice medicine is the satisfaction they get from helping people. When they are thwarted by the patients themselves, they become frustrated.

The patients who get the best results have realistic expectations about their caregivers. Classic problem patients include those who expect doctors to be miracle workers with immediate diagnoses and instant cures. Physicians point out that illnesses are not always textbook-clear cases. Some patients clearly don't appreciate their doctor's efforts. Others are suspicious and confrontational.

While doctors expect today's patients to be informed and inquisitive, they also appreciate some respect for their years of training and experience. The information readily available to the public can make it more difficult for physicians to cope with hypochondriacs, who can now *(continued on page 118)*

Diana

The People's Princess Doll

Crafted in poseable, lifelike vinyl

Beautifully costumed in detailed miniature reproductions of some of her most famous fashion ensembles.



The Collector's Choice in Heirloom Dolls

Celebrate the enduring style, beauty and compassion of the unforgettable Diana, Princess of Wales.

She was truly "The People's Princess." For while her beauty, style and elegance made her an icon for women around the world, her compassion and grace for those less fortunate proved that true royalty need not always wear a crown.



Courtesy, Archive Photos

Now The Franklin Mint pays tribute to this beloved young woman whose life touched us all by creating *Diana, The People's Princess Doll*. Crafted in poseable, lifelike vinyl. Dressed in the stylish light-blue suit she wore when she was presented with her signature flower. Completely accessorized with shoes, purse and a tiny bouquet of Princess of Wales Roses, individually hand-numbered. Just $90 payable in convenient monthly installments.

The Franklin Mint has pledged a minimum of 4 million dollars worldwide to charity in tribute to the beloved Princess Diana.

Subsequent issues are available exclusively to buyers of this doll. They will include other fashion ensembles from Diana's historic state visits, to "dress-up" your *Diana, The People's Princess Doll*, including the casual ensemble she wore when she visited Angola on her historic peacekeeping mission. Also a custom-designed trunk to store everything, complete with a custom made vase to hold her bouquet will be available.

...wn smaller than approximate size of 15" (38 ...robe trunk and other fashion ensembles ar...

Please mail by March 31, 1999

THE FRANKLIN MINT
Franklin Center, PA 19091-0001

Please enter my order for the *Diana, The People's Princess Doll* dressed in the fashion ensemble worn for ... historic ... presentation ceremony.

I DO NOT MONEY NOW. I will be billed for my doll in ... monthly installments of $18* each, with the first payment due prior to shipment.

*...plus $7.95 for shipping and handling.

SATISFACTION GUARANTEED. If you wish to return this ... you may do so within 365 days of ... purchase for replacement, credit or refund.

SIGNATURE _____
ALL ORDERS ARE SUBJECT TO ACCEPTANCE

MR./MRS./MISS _____
PLEASE PRINT CLEARLY

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ZIP _____

TELEPHONE # ( ) _____

21631-86-001

THE FRANKLIN MINT

continued from page 64

more easily demand expensive tests and the latest treatments.

And then there are what doctors call the "worried well," patients who treat small complaints as emergencies. "Probably one quarter of visits are nothing serious—minor aches and pains, colds or headaches, or shortness of breath that is just anxiety, but they think it's a heart attack," says Robert Romanoff, M.D., an internist at a large New York City medical group. While these concerns should be checked out, many could benefit from a day of waiting without medical treatment, and most don't require the urgent visits they often inspire.

Unnecessary visits, exaggerated concerns and excessive demands can cut into doctors' time to care for other patients. Jeffrey M. Thurston, M.D., a gynecologist in Dallas, recently had a patient who came in with a gynecological concern that clearly wasn't serious. "She was obsessive," recalls Thurston. "She was in the office for an hour and she called the next day thirteen times—and then one hundred and eighty times in the ensuing week. I finally had to tell her I wasn't the guy for her."

Who Needs Doctor's Orders?

But the aforementioned concerns pale in comparison to doctors' number-one source of frustration: patients who don't follow recommendations, whether it is quitting smoking, taking medication, sticking to diets to control conditions like ulcers or diabetes, or undergoing treatment to avert a potentially life-threatening medical crisis. For example, the vast majority of diabetics don't adhere to the regimen that has been proved to control their disease, and as a result, careen from one medical crisis to the next (which can be as serious as blindness, amputated limbs and coma).



"My appointment may take a while. I'm breaking in a new doctor."

Doctors' number-one source of frustration: patients who don't follow their recommendations

"This sort of self-destructive behavior drives doctors crazy," says Romanoff. "If a patient continually refuses to cooperate, ultimately a doctor may mentally write her off."

Physicians are also understandably resentful when they finally get a patient on the road back to health only to have the progress sabotaged by laziness, negligence or even vanity. It's not that doctors expect everyone to behave perfectly, but they do get peeved when people are willfully uncooperative or skip a treatment without asking for another option.

Consider the dramatic case of one young woman who had a kidney transplant. After the surgery, she was dismayed to discover that the powerful immunosuppressant medications that prevented organ rejection also had unpleasant side effects—she developed bad acne and gained weight. She stopped taking her medication, even though doing so damaged her new kidne

"When we realized wh was happening, we were f rious," recalls the woma physician, Barbara M. K rsch, M.D., a professor f medicine at the Universi of Southern Californ School of Medicine, in L Angeles, and co-author *The Intelligent Patient Guide to the Doctor-Patie Relationship* (Oxford Un versity Press, 1997). "We fe betrayed. Kidneys are scarc transplant surgeries are con plex and dangerous, hu dreds of thousands of dolla were spent, and she ju decided to skip her pills."

Between 5 and 10 percent of p tients outright refuse to follow the doctor's orders. Some do it for rel gious reasons, such as Jehovah's Wi nesses, who are forbidden to use ar kind of blood products. Others m abstain from repeated treatments tests, or shun medications becaus they prefer a more holistic approach

"Most doctors resort to stron persuasion and education to try t reach the person, and give him a adequate explanation of the conse quences of his refusal," says Joh C. Fletcher, Ph.D., founder of th Center for Biomedical Ethics at th University of Virginia (UVa) Schoo of Medicine, in Charlottesville.

However, the primary reason pa tients are noncompliant is a lack o communication. In a survey at th Mayo Clinic, in Rochester, Min nesota, patients were polled afte a visit to the doctor. More tha 60 percent had forgotten that the were diagnosed with such problem as hypothyroidism and hyperten sion. "Doctors should count on pa tients remembering only about hal of what they tell them," says Budd Shenkin, M.D., a pediatrician and president of Bayside Medica Group, in Oakland, California.

Researchers believe patients miss information partly because they listen selectively. If a woman comes in concerned about a breast *(continued)*

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*You probably already fig...ed this out but th... ...ay ... ...s ... ...re your symptoms associated with allerg... ...ever HP...

lump, she may not be concentrating on the doctor's comments about her high cholesterol. If the doctor seems to be using jargon and complex medical terms. In a study at Beth Israel Hospital, in Boston, researchers evaluated patients [illegible] treated for either pneumonia or heart attack and discovered that only [illegible] percent of the patients understood their doctor's explanations about the potential side effects of medication and their directions for resuming normal activities.

The Prescription for Improvement

In response to such studies, nearly all medical schools now teach future physicians an array of techniques to improve doctor-patient communication. But at the same time, patients need to learn to ask questions and not be intimidated.

"Physicians want to have a partnership with people who are active participants in their own care," says M. Robin DiMatteo, Ph.D., a psychology professor at the University of California, Riverside, who has studied doctor-patient relationships. "The emphasis should be on two people trying to be supportive of each other, who communicate as well as they can under difficult circumstances."

Of course, it's hard to feel you're on an equal footing when you're swathed in a flimsy paper gown explaining embarrassing symptoms to someone you've waited two months to see. But you can level the playing field by remembering that doctors don't have all the answers.

Lyn Goldinger, forty-nine, a Los Angeles woman who suffers from a chronic thyroid problem, knows firsthand about know-it-all physicians. When one of her doctors put her on a synthetic thyroid medication, Goldinger had an immediate adverse reaction. "I felt bloated and my periods were much more painful. His response was 'You have water on the brain. Take a diuretic,'" recalls Goldinger, who was incensed by his [illegible] reaction. "He wasn't listening to what I was telling him my body was saying," she concluded, "so I went to someone else."

"Patients are experts, too: They know their bodies, what they can tolerate, how they can fit things in, and how they can manage their families and personal lives," says Barbara F. Sharf, Ph.D., a professor in health communication at Texas A&M University, in College Station. Trust your own instincts. After all, it's your body. ●

Linda Marsa is the author of "Prescription for Profits" (Scribner, 1997).

Getting the Best Care

Here, tips from experts on how to be the kind of patient that doctors love—and work hard to care for.

- **Educate yourself. Doctors shouldn't be your only source of medical information. Your pharmacist, reputable patient support groups and national medical organizations can provide up-to-date information.**

A good caregiver will not mind if you bring in an article from a newspaper, magazine or Web site to discuss. Their real frustration is with the patient who discounts their advice without discussing it.

- **Before your appointment, write down your symptoms. If you've been having headaches, how long do they last? Where does it hurt? Be specific.**

For your initial session, "Bring in all your medications, including any over-the-counter remedies," suggests C. Edward Rose, M.D., a professor of medicine at the UVa School of Medicine. "Patients frequently don't remember all the names or doses."

- **If your problems are complicated, write your doctor a letter beforehand that briefly outlines your concerns. This way, she can read it at her leisure, rather than listening to a lengthy list of ailments while she has a full waiting room.**
- **Schedule several visits if you have numerous complaints. Don't try to cram a half-dozen serious problems into one twenty-minute visit. Let the doctor know the array of concerns, and then decide which can wait.**
- **Take notes. If the explanation is complex, have your doctor write it down for you. "Oftentimes, patients end up being noncompliant out of ignorance—they really didn't understand and were too embarrassed to ask," says Jeffrey Thurston.**
- **If you're really sick, bring someone with you. Your companion can remember important information.**
- **Discuss your medical history. "Patients can be reluctant to divulge something because they're concerned about what the doctor will think," says Dale Lefever, Ph.D., an assistant professor of family medicine at the University of Michigan Medical School, in Ann Arbor, who has researched doctor-patient relationships. Share information, no matter how inconsequential it may appear—a grandmother who died of a stroke or a family history of depression. It could provide valuable clues about what's ailing you.**
- **Be honest. "Don't feel you need to please the doctor or hide things from her," says Michael Morse, M.D., associate chair of the family medicine department at the UVa School of Medicine. Even if you're uncomfortable admitting to unhealthy behaviors, it's imperative to tell your doctor the truth. "And if a doctor suggests something that would be hard for you to do, let him know so you can work out other arrangements," says Morse.**
- **Challenge nicely. "If you disagree with what your doctor is prescribing, say something like, 'Could you let me in on your thinking about this?'" says Shenkin. "That opens the door without putting the doctor on the defensive."**
- **Always get a second opinion if your doctor advises a course—medication, surgery or an invasive diagnostic test—that carries some risk. "Any physician who has the interest of the patient in mind should welcome a second opinion to ensure he's giving the right recommendation," says Rose.**
- **When all else fails, switch. If your doctor isn't meeting your needs, express your concerns. If no improvements follow, find another doctor.**



You may be short on time.
ut you don't have to be short on ideas.



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Pasta Pesto

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A Mother's

In *The Deep End of the Ocean*, Michelle Pfeiffer plays a woman who faces every mother's worst nightmare—the disappearance of a child. Here, Jacquelyn Mitchard, the author of the best-seller upon which the drama is based, interviews the star about the heart-wrenching risks and rewards of motherhood

The busboy has been polishing the philodendron with more care than Monet ever gave to any of his water lilies. Finally, the actual object of his attention leans across the table and whispers, "Do you think that guy's really washing that plant?"

We collapse in laughter, and the tension spills away like the coffee we both jiggled nervously the minute Michelle Pfeiffer and I sat down at a corner table at this small, beachfront Santa Monica hotel.

No wonder she's nervous. Today, I'm just another reporter who might ask her if her adored husband, producer David E. Kelley, the creator of TV's *Ally McBeal*, has a crush on the series' star, Calista Flockhart.

But I'm also the author of *The Deep End of the Ocean*, which Pfeiffer optioned for a movie three years ago and is starring in now. When I was writing my first novel, I always imagined Pfeiffer as the lead character, a mother who believes her own carelessness cost her child his life. From the first time I read that she'd adopted a biracial baby girl as a single mother, I felt that we had a kinship, because I'd done the same thing.

That shared experience is what connects us now.

We swap snapshots of our daughters and purr: Claudia is a tall, reed-like five-year-old with a glorious corona of corkscrew curls. "She's totally in charge of everything," says her proud mother, pointing out the way Claudia has her grinning four-year-old brother, John Henry (Pfeiffer's child by birth, who made his entrance nine months after her marriage to Kelley), in an affectionate headlock.

We talk about motherhood by choice and by chance, and marriages made late in life to men we had dreamed about but almost given up on meeting. But first, we talk about movies and stories, and about the toll of professional determination on personal lives.

Taking *The Deep End of the Ocean* to the screen was a true labor of love for Pfeiffer. When she began reading the book, she was flushed with the heady expectations of new motherhood. "I would read these newspaper stories of people who survived a fire in which their children died, and I would think, How can anyone defend these people? These are monsters." But she found herself unable to dismiss the character of Beth Cappadora, the funny, sloppy Chicago mother of three. *(continued)*



Pfeiffer in mom mode, with John Henry and Claudia

Story



Pfeiffer as Beth Cappadora, a mother about to lose her son, in *The Deep End of the Ocean*

(continued) During one endless instant in a crowded hotel lobby, Beth leaves her seven-year-old son, Vincent, in charge of her toddler, Ben, with the casual reminder, "Watch your brother." Within minutes, the younger boy has vanished, plunging the family into a decade of collapse that even an accidental miracle will not fully heal.

"At first, I thought, *Why* is she such a ditz?" But fate seemed determined to make Pfeiffer see vestiges of herself in Beth. "One day, I put both my kids in their car seats, and then forgot to close the car door," she says. "We went around the corner; the kids went, 'Wheeee!' and I was humbled. All those stories . . . now I understood."

Not long after, there was an even more stunning moment of recognition: "I was dropping the kids off at school and I had to get something and turned and said to Claudia, 'Now watch your brother. . . .' And it struck me. Those were Beth's words to her son. You think, I'll never let them out of my sight . . . suddenly, I was really able to project into how a child would fe being seven or eight, having someth happen you didn't understand and fee responsible for it for the rest of your life

On this sunny morning, it's nearly i possible to imagine Pfeiffer as a hagg housewife. Even in an ordinary white sh virtually no makeup, and sandals that h been around the block, Pfeiffer ha luminous quality. With characteristic s deprecation, she mutters, "At my a what I really need is a good cinematog pher," but undeniably, at forty, she is her prime. The changes in Pfeiffer's résu as a person—her enduring marriage a satisfying motherhood, as well as the st rising arc of her actor's art—have given beauty a new vigor and power. Tod Pfeiffer exhibits a willingness to take ris and she demands her own perfectionism the roles that she chooses.

When she's not in front of the came Pfeiffer says she has to struggle to ke her driven nature from affecting her p sonal relationships. "I have to remind m self more often that people are doing best they can do," she says. She kn well that her full-steam attitude has c her assistants, possibly movie roles, a had an impact on her own health. "I ha too much energy for my own good. I'll haust myself, and then finally, I get rea fragile, crying over nothing, having no p tience." And yet no one is more critical Pfeiffer than she is of herself. "Even i did my best, all it takes is one scathing view to knock the wind out of me."

Perhaps because of how well she and her husba understand each other's strengths and weaknesses, t marriage has given them both an oasis of peace in t midst of equally burgeoning careers. Given her ov ragged romantic history, Pfeiffer could not even ha predicted their partnership. "I'd about given up," s says. "I figured I'd be one of those people who had series of serious relationships, but never a life with ar one." Her youthful marriage to *thirtysomething* star Pet Horton had ended, and brief, public liaisons with *Da gerous Liaisons* co-star John Malkovich and *Batman* st Michael Keaton had brought her more stress than sat faction. She rushed into a long-term commitment wi quirky character actor Fisher Stevens, reportedly dro ping him after he indulged in a flirtation with a teena girl. Pfeiffer's determination to adopt a child signal her intention to go ahead with the things she'd pos poned in life, with or without a man. She had to forced into accepting the blind *(continued on page 17*

Still Missing

ike Michelle Pfeiffer's character n "The Deep End of the Ocean," he parents of these children are raying for a happy ending

t's the scenario every parent fears: Your child goes for a walk or leaves your sight for just a moment—and never comes back. Most often, kidnapped children are taken by noncustodial parents or relatives, but cording to the U.S. Department of stice's Office of Juvenile Justice and linquency Prevention, as many as 500 are abducted by nonfamily embers each year.

These three families are still waiting their children to come home. Read eir stories and look at their pictures. ive you seen them?

ASE #1

ristina Marie Williams, Seaside, lifornia

issing since June 12, 1998

We live in a strange hybrid of real life d nightmare," says Michael Williams, U.S. Navy chief petty officer, whose irteen-year-old daughter, Christina, sappeared nine months ago. "We do e things society dictates—working, ing to the store, cooking meals—but most all our spare time is focused on ding Christina."

Michael, his wife, Alice, and their ree children had recently moved to aside, California, from Japan in the l of 1997, when Christina took her g, Greg, for a walk in their quiet ighborhood. Thirty minutes later, Alice d son Michael went looking for her t found only Greg. Once the alert went t, more than a hundred FBI agents rsued thousands of leads, making this the largest active kidnapping investigation in the country at the time.

In the course of the investigation, the Williamses have roller-coastered between hope and despair. The tremendous amount of community support they've received has been heartening, yet at the same time a poignant reminder of their loss.

More than 69,000 people have visited the Web site Michael created (*www.cmwilliams.org*) about his daughter's case. A core group of two dozen volunteers continues to send out flyers and badges with Christina's photo on them. The volunteers are planning a monthlong cross-country drive to Washington, D.C., in June to boost awareness of all missing children.

Rather than easing with time, the pain of not knowing grows more acute. Unexpected sights or sounds can trigger fresh grief—like the time Michael saw a marquee for *Titanic*. "Christina had always wanted to see that movie," he says. "One day I was driving by and saw that it was playing. It hit me so hard I had to pull over."

Now an unopened copy of the *Titanic* videotape waits for Christina's return.

—Dianne Hales

Tragically, as the Journal *went to press, a body was found near the scene of Christina's disappearance. An autopsy was being performed to establish identity. If you have any information about this case, please call the Polly Klaas Foundation (800-587-4357), the FBI Christina Williams Tipline (800-671-3343) or the Presidio of Monterey Police Department (831-242-7851).*

(continued on page 172)



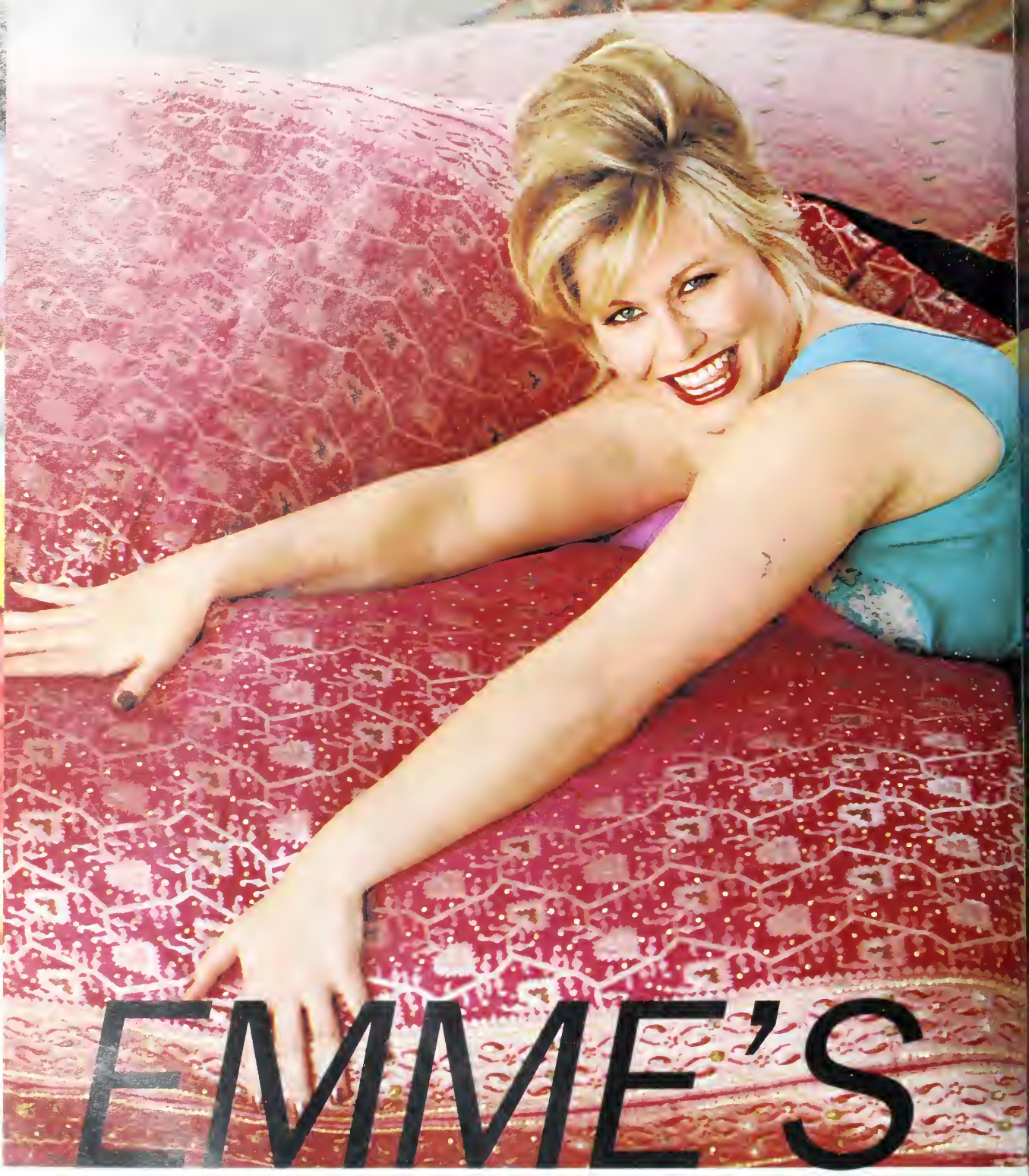
Christina Williams



Morgan Nick



Mark Himebaugh



EMME'S

guide to CON

If looking good is all about feeling good,

Here, the elements of her self-assured attitu



FIDENT style

onder plus-size model Emme looks so terrific!
nd bold, beautiful style. By Lois Joy Johnson



Don't camouflage curves, play them up. Emme says now is the time to purge your closet of oversized jackets, boxy skirts and loose tunics and commit to styles that highlight your hourglass shape. Here, she shows off hers in a trendy tapered knee-length skirt and a soft V-neck pastel cardigan that feels luscious on its own and extra-sexy with a silky camisole peeking out from underneath. Cashmere cardigan, Only at Bloomingdale's Shop for Women; stretch wool skirt, Calvin Klein for Vogue Patterns #9928; suede mules, Victoria's Secret.

'm finally at a place," [illegible]ys Emme Aronson, "where I meet someone who s[illegible]ys, 'Whew! You are an *awfully*[illegible] girl!' I'll just look them straight in the eye and say, 'I bet [illegible] love that.'" As she utters [illegible] last phrase, Emme drops [illegible] voice to a sultry whisper, [illegible] hoots with delight.

You can be sure that [illegible] sassy self-assurance was [illegible] acquired overnight, but the[illegible] no doubt that these d[illegible] thirty-five-year-old Emme [illegible] plenty to be delighted ab[illegible] Not only is she the Ford Agen[illegible] most successful plus-size model ([illegible] fourteen and up—a designation [illegible] applies to nearly half of Ameri[illegible] women) as well as the host of E! [illegible] tertainment Television's popular *F[illegible] ion Emergency* series, she just sig[illegible] on as the newest "face" of Revl[illegible] "I'll be representing Revlon in [illegible] idea that beauty comes in every s[illegible] shape, age, and color," she says.

That's a message that the fi[illegible] eleven, 190-pound knockout is p[illegible] tively evangelical about. In her bo[illegible] *True Beauty* (Perigee, 1998), and [illegible] her lectures, Emme constantly to[illegible] the importance of diversity in [illegible] perceptions of female beauty, urg[illegible] women—especially teenage girls—[illegible] accept their bodies as they are.

Insights like these were arrived [illegible] the hard way. Emme (an outgrow[illegible] of M, the diminutive her mother us[illegible] instead of her given name, Meliss[illegible] grew up with a stepfather who, s[illegible] says, was obsessed with weight—[illegible] own and the entire family's. For ye[illegible] she loathed her hungry, growing bo[illegible] engaging in the love-hate relatio[illegible] ship with food so familiar to wom[illegible] everywhere. This was despite the fa[illegible] that she was a gifted athlete who [illegible] tended Syracuse University on a fu[illegible] tuition sports scholarship and w[illegible] even invited to take part in the U[illegible] Olympic Trials for rowing in 1984.

Small wonder, then, that after ye[illegible] of beating herself up for not being [illegible] thin as all the images around her, s[illegible] nearly collapsed in gratitude when t[illegible] first modeling agency she *(continu[illegible]*


"True be
in eve
an
olutely comes
shape, age
says Emme



(continued) walked into, in 1989, blo
her she was "perfect—don't chan
thing." After that, Emme says, it wa
through formal therapy, in addio
to reading a lot on the subjec o
women's body image, that h
learned to "turn off society's 'coul
'shoulds' and 'you must bes'" an
accept her body type. Not every-ne
she states emphatically, "is suppo
to be thin."

Slowly, Emme began eating o
health, not weight control. She
heartily but well, avoiding junk a
highly processed foods. "It's w
you don't eat nutrient-filled fo
that you're always hungry," she sa

Emme's approach to exercise
equally sensible. After years of inte
workouts for the crew team, she n
exercises three or four days a week
fun; she especially likes train
for charity events, such as walkath
and even 100-mile bike rides.

Emme's most ardent supporte
her husband, Phillip Aronson, a f
mer advertising executive who
now her manager. At five-eleven a
about 155 pounds, Phillip is cons
erably thinner than his wife. "I alw
thought I would marry someone b
ger, to make me feel not so big,"
recalls. "I had no idea that I had t
attitude until I realized that Phil an
were serious. But then I thought, h
not going to pass up an opportunity
be with this incredible man becaus
might be bigger than he is." T
couple, now married nine years, l
in New Jersey and "definitely" wa
to have a child in the next couple
years. "Being a mother," says Emm
"will be the cherry on my cake."

Though Emme is thrilled with h
life and proud of her role in helpi
change society's perception of wo
en's beauty, she emphasizes that s
is still a work in progress. "If I f
low my passion, I always discov
that after I take that first step, a
I'm in a free fall, all of a sudd
things just work." *—Lorraine Glenn*

"Accepting yourself and working o
fun to experiment on the outsid



Emme's break-the-rules attitude toward makeup

Don't go to the matte; shimmer is in. Replace earthtone shades with cool, silvery neutrals—icy nudes, mochas, taupes and bronzes—to add a fresh glow and highlight features. Two new glamorizing tips: For eyes, frame the outer eye with a soft, blended wraparound V to extend the shape. For lips, layer a tawny lipliner over a deep neutral lipcolor to create a soft, rich look.

Makeup these six pages, all Revlon: ColorStay Compact Makeup in Nude; Wet/Dry Shadow in Skinlight and Iced Mocha; SoftStroke PowderLiner in Brown Suede, Face Shimmer in Bronze; EveryLash Mascara in Black; Timeliner for Lips in Mocha; Super Lustrous Lipstick in Sandstorm.

Having fun with fashion

Emme gams it up in a long, side-slit sequined skirt in attention-getting lime green. Pair it with a white cotton shirt gathered and tied at the waist for a look with style and body confidence to spare. Skirt, Calvin Klein for Vogue Patterns #9959; shirt and sandals, Victoria's Secret. Far left: rayon jersey dress, Brenda Kett; pashmina shawl, Gabriele Sanders.

he inside is important, but it's
ith makeup and fashion"



America's fi
judge parla
of experien
and off the
into the Ten
Commandm
of Women's
Self-Esteem

BEAUTY FADES

...AND NINE OTHER RULES FOR WOMEN

BY JUDGE JUDY SHEINDLIN

/ FATHER ALWAYS

utiful, even during the pl
physically awkward. He al
e of advice, when he caugh
too much about my looks. "B
es," he would say, "but dumb
ver." He impressed upon me that
llect, a curious mind and a passio
ning were priceless.

As the years went by and I became a
n a family court judge, I saw what happened to
nen who had decided to hide their talent and
lligence in order to be more attractive to men.
Throughout my career, I have become something of an
ert on why women make dumb choices. I represented
l later adjudicated cases involving tens of thousands of
men. There was one common denominator—a lack
self-esteem.

Women who lack self-worth put themselves in bad
siness situations and tolerate demoralizing and de-
meaning conditions. They don't choose
their mates, they allow themselves to be
chosen. They stay in relationships
that are untenable, with men
who are physically and emotion-
ally abusive.

I'm convinced that independence is a woman's only path to happiness. That doesn't mean you have to *be* on your own; you just have to know that you could *make it* on your own. The only way to possess that confidence is



DUMB IS FOREVER

have a profession or vocation that gives you pleasure
id makes you self-supporting.

When my first marriage ended after twelve years, I was
agued by most of the usual fears that a woman alone
th two young children feels. I wasn't sure I'd ever find
meone else to share my life with. I wasn't sure I could
ndle the car in a really bad snowstorm. And I was ab-
lutely certain that if I needed a washer changed in the
nk, I would be helpless. But I
le to earn a living doing some
ad control of my destiny whe
at, in a nutshell, is the defin
Besides the all-important less



ule that I've learned
the bunch that get to the heart
of the matter for all women, no matter
their place in life.

RULE #2

DON'T CRAWL WHEN YOU CAN FLY. It
ent. Let it show. Stop worrying
you might come on too strong, be too ag
gressive, not be feminine enough. From the bedroom to
the boardroom, we defer to men. It's time we dust off
our wings.

When I was ten, I visited my cousin Shirley, who, though the same age as I, had sprouted breasts. She took me to the high school playing field to meet some of her friends, explaining that if you wanted to be popular, you had to let a boy touch your breasts. I was scared to death, but I let a boy touch my breasts that day.

This is the dirty little secret that women share and rarely talk about. You can be the president of a corporation, an astronaut, a neurosurgeon, a judge—it doesn't matter. All of us learned early that if you want to get along in life, you'd better defer to men.

If you spend your life deferring to someone else, you lose yourself. It's a high price to pay to be liked.

RULE #3

WHAT GOES UP MUST COME DOWN. This is another dirty little secret that women seldom talk about: We are having sex for entirely different reasons than men are. Most prescriptions for Viagra are not being written for impotent men but for men who think that all they need to do to please a woman in bed is to have a better erection.

When I've asked women about sex, I hear one phrase, again and again, usually uttered with tender understanding: "He tries." How do you suppose a man would react if a woman, once satisfied, turned over and started snoring before he reached orgasm? Would he say, "She tried"?



It's the basic inequity again. Men can have sex when they're glad, when they're mad, when they're tired, or when they're sick and haven't bathed for days. But you can't yell *(continued on page 168)*

The New American

The perfect private family spaces beauti
and convenience, style and spirit Produc



Home

combine comfort

Kimberlie A. Waugh





The long draperies in the master suite play up the room's tall windows. Their elegance is offset by less-formal elements: linen-covered armchairs, rustic fan and light fixtures, the distinctive pediment headboard and hand-painted chest. Draperies by JCPenney Custom Decorating; chairs by Flexsteel, slipcovered in Robert Allen fabric; chest and headboard by Habersham Plantation. Wamsutta linens; DuPont Sleep Products' Comforel pillows and Comforel Ultra comforter; wallpaper by York Wallcoverings; ceiling fans and light fixtures by Quorum International

STYLISH, YET FAMILY-FRIENDLY

Luxurious, but kick-back comfortable. A happy merger of the formal and the familiar is hard to imagine, but the team behind the 1999 New American Home has accomplished just that. Last month, we toured the public areas of the show house in Dallas created jointly by *Ladies' Home Journal*, *Builder* magazine, and building and design-industry experts, including Landstar Homes, the Dahlin Group, the National Association of Home Builders and the National Council of the Housing Industry. The private quarters featured this month enjoy the same artful blend of elegance and ease.

Go With the Flow Interior designers Michael Foster of New York City and Janet B. Lohman of Los Angeles have made the most of the house's contemporary floor plan, with rooms arranged in a series of suites that lend themselves to multiple uses. By mixing furniture of different periods and styles and incorporating quirky, "found" pieces, the designers have fashioned an environment that feels familiar yet forward-thinking.

In the first-floor master bedroom, for *(continued)*





The light-filled master bathroom (above, and right) feels like a spa getaway, thanks to the elevated whirlpool bath, double vanity, tall windows overlooking the backyard, and wallpaper that looks like stone. And deciding what to wear is easier in an organized closet like this one (below). A portable fire safe by Sentry protects documents and valuables without taking up a lot of space



(continued) instance, the high vaulted ceiling and tall windows re expansive, but don't overwhelm; the unusual pediment headbo both echoes the angles of the walls and ceiling and brings the fo back to eye level. Refined elements—formal draperies with swa tone-on-tone wallpaper suggesting silk damask—contrast with play folk touches such as the chest painted in an Aubusson rug design.

Indulgences The anteroom's impressively organized his-and-h closets "are as beautiful as they are functional," says Foster. "Yo be tempted to leave the doors open to show them off." The mas bathroom could give a Roman spa a run for its money—consi the elevated whirlpool bath with a view to the outdoors, the h and-hers vanities, the glass-walled shower, the stone-patterned t and wallpaper, the light pouring in from large windows. Where store cosmetics and bathroom supplies neatly? Antique Chine chests on the countertops provide elegant solution.

Another little treat is a coffee-and-ju bar, handily located in the hallway a shared with the home office. "You spared that awful morning stumble in the kitchen for coffee," says Lohma "and if you're crunching a deadline la in the evening, you can grab a bevera without breaking focus."

At Work and Play Work and personal li can be kept as separate as need or desi requires; the office has its own entran off the front courtyard, ensuring a pr fessional atmosphere should busine meetings be held at home.

Decorated in deep, clubby colors su as red, slate blue and hunter green, th room is also a perfect place for taking easy when work is all done. Flannel-li wallpaper reaching right up to the ceiling adds warmth; so do co orfully cushioned banquettes beneath the windows (for extra sea ing without crowding) and the maple cabinetry of the comput desk, work surfaces and storage shelves. An especially ingeniou touch is a sliding wooden barn-style door that separates this buil in work area from the rest of the room; no need to interru pending projects to stash piles of papers out of sight.

Kids' Stuff The house's easy flow and versatility extend to the up stairs children's suite. Two of the three bedrooms have adjoinin baths—no more fighting for access! Two of them also have doo onto the rec room, a great spot to study, watch TV or play wit friends (colorful floor tiles are attractive, and forgiving of spills) The rec room also does double duty as a cheerful guest room fo kids or adults—two sofa-sized, built-in seats can be made up a twin beds. Indeed, with all the friendly spaces for hanging ou guests in this home will feel like family. *—Janet Baile*

yellow, red and blue design scheme of the
s bedroom has staying power—suitable
et for a child; sophisticated enough for a
ng adult. In her bathroom (below), a
den dollhouse adds a playful touch



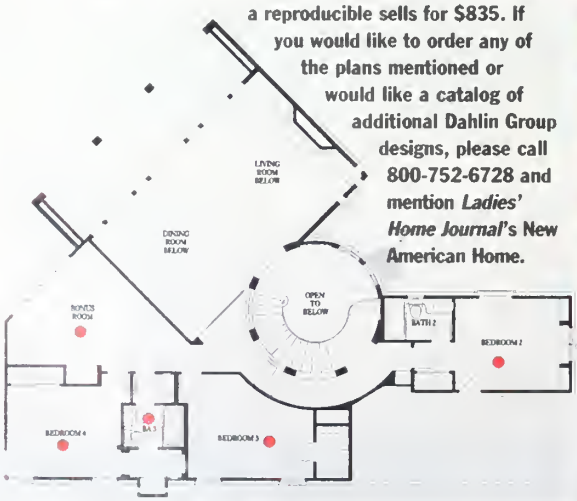
Towering ceilings give the rooms drama, but window treatments and wallcoverings keep the scale from becoming overwhelming





Oversize chairs upholstered in leather and fabric-like wallpaper contribute to the "hunt club" feel of the room, which can be used interchangeably as a home office or den. The sliding wooden door hides work in progress, though the room's maple cabinetry is handsome enough to show to company. Chairs by Flexsteel in Lackawanna Leather; decorative accessories, blinds and shades by JCPenney

HOW TO MAKE THIS HOME YOUR OWN The second-story rooms featured on these pages are marked with a red dot on the floor plan of the New American Home. By special arrangement with Dahlin Group, you can purchase a detailed study plan of the house for $50, or you may purchase the complete blueprint. One blueprint sells for $665; a set of four sells for $710; a set of eight sells for $750; and a reproducible sells for $835. If you would like to order any of the plans mentioned or would like a catalog of additional Dahlin Group designs, please call 800-752-6728 and mention *Ladies' Home Journal*'s New American Home.





The second-floor family room/media room can be called into service as a guest room as well: Two beds are disguised with fitted covers and matching throw pillows to look like comfortable sofas. Paint by Ace Hardware; decorative paint and glazes by Plaid Enterprises

[illegible] Daniel B. Lehman. Stylist: Carol Glasser. Fashion stylist: Al Hernandez for Kim Dawson. Models: Pam Skaggs, Katelin Kelly, Taylor Boykin, all for Kim Dawson. [illegible] interior/exterior paint: Ace Hardware, custom closet systems: California Closets, plants: Calloway's Nursery, bed pillows and comforters: DuPont Sleep Products [illegible] upholstered furniture: Flexsteel, upholstery fabric: Robert Allen, upholstery leather: Lackawanna Leather, wallpaper prep products: Gibson Homans, case [illegible] kitchen and dining accessories: plate mats and napkins: dinnerware, flatware, stemware: decorative accessories, lamps: JCPenney; wood blinds: Levolor [illegible] available at JCPenney, draperies, valances, cornices, roman shades: decorative pillows, table rounds, window seat cushions, shower curtains, mattress slipcovers, [illegible] mattresses available through JCPenney Stores for catalog, area rugs: Nourison; ceiling fans, recessed lights, light fixtures, sconces: Quorum International, [illegible] carpet: Couture by Sutton; vintage pillows: Threads of Time; most antiques: Uncommon Market; bedding, bath linens, bath accessories: Wamsutta; framed [illegible] Paragon Picture Gallery, wallpaper: York Wallcoverings; flooring: Bruce Hardwood Floors; ceramic tile: Porcelanite; bathroom hardware: Baldwin; cabinetry: [illegible] Electronics: Thomson Consumer Electronics/RCA and GE; windows: General Aluminum Corporation; vinyl composition flooring: Congoleum; tubs and jetted units: [illegible] Fixtures Corp.; shower faucets: Alsons; decorative paint, stencils, faux finish kits, glazes, decorator tools: Plaid Enterprises; artist photographs: Tom Lee, [illegible] graphs: Larsen Lighting; shoes, clothing accessories for closet: Marshalls; decorative painters: Faith Walk Designs; Finished Colours. Details, page 152



Tide's new Clean Rinse Formula helps keep the dirt from getting on her dress in the wash.

So even if her brother's a mud pie fanatic, she can still look like the little angel she is.

New Clean Rinse Formula Tide

Now wash ready clothes with extra rinse. It's got to be Tide.

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Fat Free Pringles taste just as good as Original. And, they're half the calories and zero fat. That's because they're made with Olean® Brand Fat-Free Cooking Oil. By the way, all the Pringles on this page are fat free. And you'll be glad you found them.

Once you pop the fun won't stop.

FOOD

JOURNAL



Rolled Cinnamon-Nut Biscuits will get your day off to a sweet start



Fruity Scones are studded with dried cranberries

QUICK MEALS

Is breakfast a victim of your A.M. rush? Our **morning treats** are better than delicious—they're *fast.* We also have **power foods** brimming with energizing nutrients, **burritos** that won't bust your fat budget, a top chef's **best bread**, the perfect **chocolate-chip cookie** and an awesome **banana cream napoleon**



Serve Bacon-Maple Corn Muffins with butter and honey

Fruity Scones

Slightly sweet like scones, but bursting with the intense flavor of dried fruit, our twist on this British Isles classic has tart dried cranberries and zesty orange peel. Tip: If the orange topping seems too moist to sprinkle, gently spread it with your fingertips.

Prep time: 12 minutes. **Baking time:** 16 to 18 minutes
Easy

1 medium orange
¼ cup dried cranberries
2 cups self-rising all-purpose flour
¼ cup plus 2 teaspoons sugar, divided
1 teaspoon caraway seeds
¼ teaspoon salt
1 large egg
¼ cup plus 1 tablespoon milk, divided
5 tablespoons butter, cut up

1. Heat oven to 400°F. Grease a large cookie sheet. Grate 1 teaspoon peel from orange. Cut orange in half and squeeze ¼ cup juice.
2. Combine orange juice and cranberries in cup. Whisk flour, ¼ cup sugar, caraway seeds and salt in bowl. Beat egg and ¼ cup milk in cup. Cut butter into flour mixture, until coarse crumbs form. Add orange juice, cranberries and milk mixture, stirring just until dough forms a ball (do not overmix). Turn dough out onto floured board.
3. Lightly knead dough 5 or 6 times. Shape into a 6-inch circle on prepared cookie sheet. Combine remaining 2 teaspoons sugar and orange peel in cup. Brush top of dough with remaining 1 tablespoon milk; sprinkle with orange topping. Cut into 8 wedges, but do not separate. Bake 16 to 18 minutes, until golden. Makes 8 scones.

Per scone: 235 calories, 8.5 g total fat, 5 g saturated fat, 47 mg cholesterol, 483 mg sodium, 35 g carbohydrates, 4 g protein, 124 mg calcium, 1 g fiber

Rolled Cinnamon-Nut Biscuits

Super tender and tangy-sweet, these buttermilk biscuits are wondrously easy to make.

Prep time: 15 minutes. **Baking time:** 11 to 13 minutes
Easy

Filling
½ cup walnuts, chopped
3 tablespoons cinnamon sugar
2¼ cups buttermilk baking mix
3 tablespoons cinnamon sugar
⅔ cup milk
3 tablespoons melted butter (no substitutions), divided
½ cup confectioners' sugar
1 tablespoon water

1. Arrange oven rack to upper third of oven. Heat oven to 425°F. Line a large cookie sheet with parchment paper.
2. *Filling:* Combine nuts and cinnamon sugar in bowl. Set aside 1 tablespoon for top of biscuits.
3. Whisk baking mix and cinnamon sugar in bowl; stir in milk just until dough comes together. Turn dough out onto floured board. Flatten into disk and fold in half; repeat 6 times. Flatten dough into 8x10-inch rectangle. Evenly brush dough with 2 tablespoons melted butter and sprinkle with filling. Starting from one long side, roll up; pinch seam. Slice roll crosswise into 8 equal pieces; arrange 2 inches apart on sheet. Brush tops with remaining butter and sprinkle with reserved filling. Bake 11 to 13 minutes, until golden. Stir confectioners' sugar and water in bowl until smooth. Drizzle over hot biscuits. Serve warm. Makes 8 biscuits.

Per biscuit: 335 calories, 14.5 g total fat, 5 g saturated fat, 14 mg cholesterol, 468 mg sodium, 46 g carbohydrates, 5 g protein, 67 mg calcium, 1 g fiber

MORNING TREATS

Mango Magic



Love mangoes but don't know how to cut one? Getting around the elongated clingstone is a snap with this trick. Hold mango on a cutting board with stem end facing away from you, and slice off the outer third of the fruit lengthwise, getting as close to the pit as you can. With tip of knife, score the flesh of the cut section in a crisscross pattern without cutting through the skin. Turn mango inside out, and cut off cubes. Do the same on the other side.

Bacon-Maple Corn Muffins

Corn muffins get a wonderful wake-up call with the addition of hardwood-smoked bacon and maple syrup. If your bacon drippings don't measure up to 2 tablespoons, supplement with olive or vegetable oil. Eat the muffins while they're still warm and fragrant.

Prep time: 15 minutes. **Baking time:** 13 to 15 minutes
Easy

3 slices hardwood-smoked bacon, chopped
½ cup finely chopped onion
1 cup self-rising all-purpose flour
1 cup yellow cornmeal
½ teaspoon baking soda
½ teaspoon salt
1 large egg
1 cup buttermilk
⅓ cup pure maple syrup (no substitutions)

1. Heat oven to 425°F. Lightly coat twelve 2½-inch muffin-pan cups with vegetable cooking spray.
2. Heat large skillet over medium-high heat. Add bacon and cook until crisp; transfer with slotted spoon to paper towel and drain. Cook onion in bacon drippings 3 to 4 minutes, until tender. Set aside.
3. Whisk together flour, cornmeal, baking soda and salt in medium bowl. Whisk egg, buttermilk and maple syrup in small bowl. Stir buttermilk mixture, bacon, onion and drippings into dry ingredients, just until blended. Spoon evenly into prepared muffin cups. Bake 13 to 15 minutes, until golden. Makes 12 muffins.

Per muffin: 150 calories, 4.5 g total fat, 1.5 g saturated fat, 22 mg cholesterol, 348 mg sodium, 24 g carbohydrates, 4 g protein, 69 mg calcium, 1 g fiber

Recipes by Cynthia DePersio

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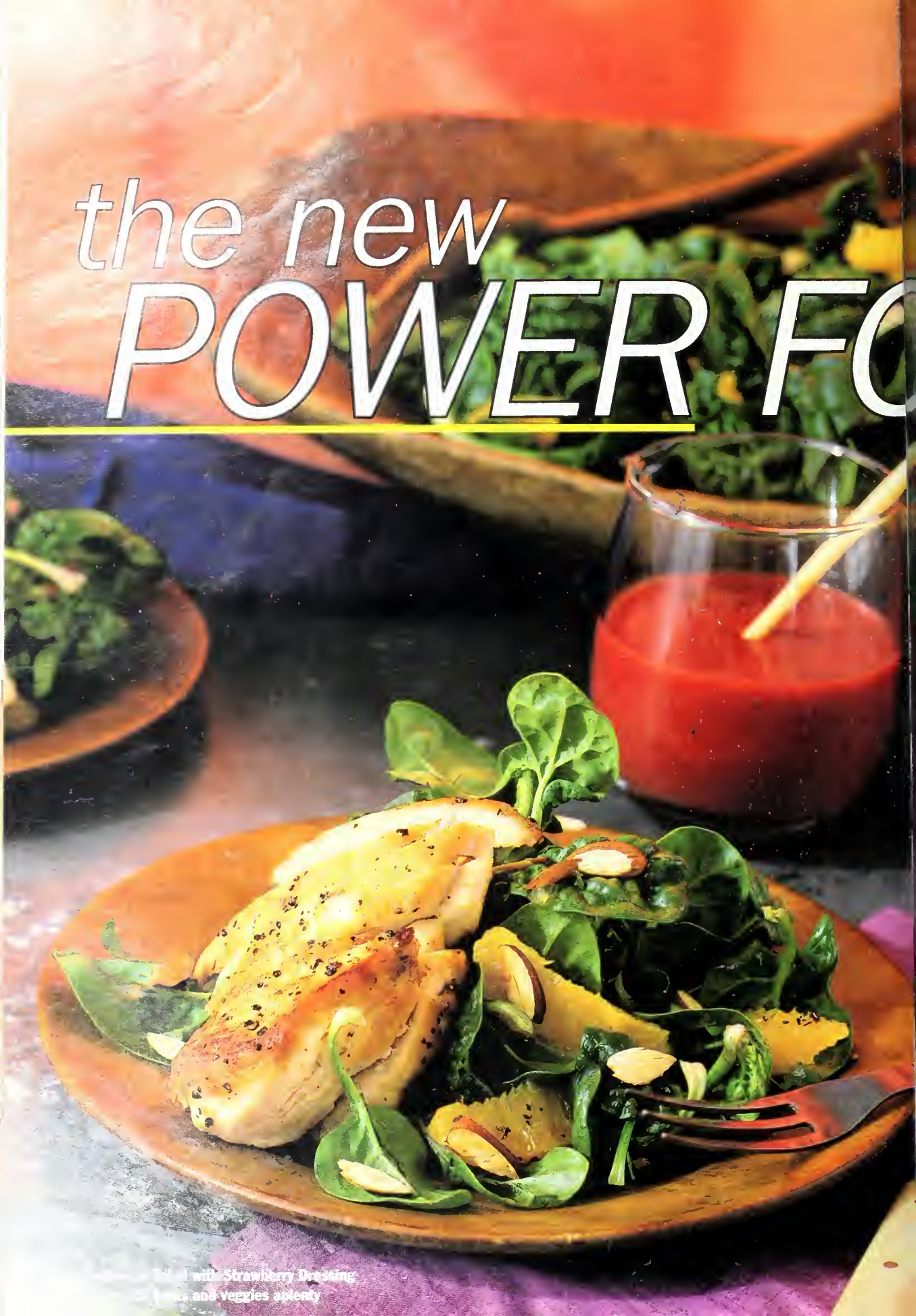
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Super-moist Carrot and Fruit Bundt Cake needs only a dash of heart-healthy canola oil



Mighty Eggless Salad
dwich—tofu that's tasty

Iron carries oxygen through the body and helps provide energy. Although you need only a little iron, deficiency is a common problem among women, especially during childbearing years. The iron in meat, poultry and fish (heme iron) is most easily absorbed by the body, though some vegetables and grains have iron, too. For the best plant sources, see "Iron for Vegetarians," page 148.

ASIAN BEEF AND VEGETABLES

A little beef goes a long way in upping your intake of iron, and pairing sliced steak with red bell pepper and cabbage helps, too, since the vitamin C in the vegetables helps your body absorb more iron. Serving marinated steak over thin spaghetti topped with a colorful array of vegetables is not only healthy—it's sure to be a hit with the whole family.

Prep time: 25 minutes plus marinating
Cooking time: 20 minutes
Easy, Low-calorie

⅓ cup reduced-sodium soy sauce
¼ teaspoon red pepper flakes
4 (½-inch-thick) boneless top round steaks (minute steaks)
3 ounces thin spaghetti
3 teaspoons olive oil, divided
1 medium red onion (6 oz.), halved and sliced
1 red bell pepper, chopped
5 green onions, thinly sliced
1 tablespoon minced fresh ginger
2 teaspoons minced garlic
½ pound savoy or green cabbage, finely shredded (5 cups)
½ pound cremini or white mushrooms, sliced
¼ cup water
¼ teaspoon salt
¼ teaspoon freshly ground pepper

1. Stir together soy sauce and red pepper flakes in a shallow glass baking dish. Add minute steaks, turn to coat and let marinate at room temperature 30 minutes, turning once.
2. Meanwhile, cook spaghetti according to package directions; drain and rinse with cold water.
3. Heat a 12-inch nonstick skillet over medium heat. Add 2 teaspoons oil, onion and bell pepper. Cook 5 minutes, until onion softens. Add green onions, ginger and garlic. Cook 1 minute, stirring. Add cabbage, mushrooms, water, salt and pepper. Bring to a boil over high heat. Cook 3 minutes, stirring, until vegetables are tender-crisp.
4. Add pasta to skillet, tossing with vegetables until pasta is heated through. Transfer to plate; cover and keep warm.
5. Wipe out skillet. Add remaining 1 teaspoon oil and heat over high heat. Add steaks; cook 1 minute per side, until well browned and medium-rare. Place on a cutting board and thinly slice on the diagonal. Divide pasta and vegetables between 4 serving plates; top with steak. Makes 4 servings.

Per serving: 350 calories, 15 g total fat, 5 g saturated fat, 54 mg cholesterol, 1,153 mg sodium, 30 g carbohydrates, 24 g protein, 64 mg calcium, 2 g fiber

ANTIOXIDANTS

Like hungry, healthy scavengers, antioxidants—vitamins A (in the form of beta-carotene), C and E—course through your bloodstream attacking and neutralizing all the free radicals they can find. A by-product of the body's metabolic process, and also a result of environmental factors like pollution and smoking, free radicals are thought to damage cells and the DNA material within, and they have been associated with the incidence of degenerative illnesses like cancer, heart disease and premature aging. But antioxidants seem to counteract the effect of these unwelcome guests. Good sources include red, yellow and orange vegetables, leafy dark greens and green cruciferous vegetables (like broccoli and Brussels sprouts).

GREEK VEGETABLE GRATIN

Budget Recipe of the Month

Vegetables like carrots, tomatoes, zucchini and peppers, which are rich in vitamins A, C and E, make up an alphabet stew of antioxidants and a healthy, possibly cancer-fighting meal. We start this dish with a quick homemade tomato sauce, spread it over layers of vegetables and feta cheese, top it all off with a sprinkling of Parmesan cheese, then bake to savory perfection.

Prep time: 40 minutes plus standing
Baking time: 1 hour 30 to 40 minutes
Easy, Low-fat, Low-calorie

1 tablespoon olive oil
2 medium onions, thinly sliced
1 large red bell pepper, thinly sliced
½ teaspoon salt, divided
½ teaspoon freshly ground pepper, divided
1 tablespoon minced garlic
1 can (14½ oz.) diced tomatoes in juice (do not drain)
2 pounds baking potatoes (4 medium)
1 pound carrots
2 large zucchini (1 lb.)
4 tablespoons freshly grated Parmesan cheese, divided
½ cup crumbled feta cheese
¾ cup vegetable broth
2 tablespoons chopped fresh dill
Tossed green salad (optional)

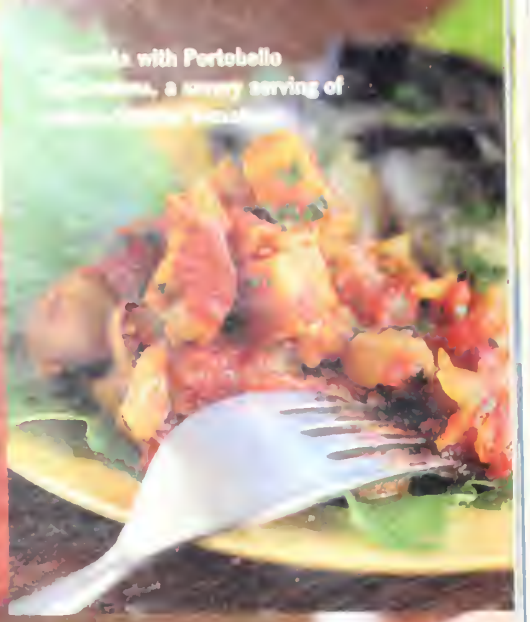
1. Heat oven to 375°F. Lightly grease a 3½- to 4-quart baking dish. Heat oil in a 12-inch skillet over medium-low heat. Add onions, bell pepper, ¼ teaspoon *each* salt and pepper; cook 10 to 15 minutes, until vegetables soften and begin to brown. Add garlic; cook 1 minute, stirring. Add tomatoes and juice and bring to a boil; reduce heat and simmer 5 minutes more. Set aside.
2. Cut potatoes crosswise into ¼-inch-thick slices. Thinly slice carrots on the diagonal. Cut zucchini lengthwise into ¼-inch-thick slices. Arrange one third of potato and carrot slices in the bottom of prepared dish. Sprinkle with 1 tablespoon Parmesan cheese. Arrange half the zucchini slices over potatoes. Sprinkle with ⅛ teaspoon *each* salt and pepper. Spread one third of sauce (1 cup) over zucchini. Sprinkle with ¼ cup of feta cheese. Repeat. Arrange remaining potatoes and carrots on top, spread with remaining sauce. Pour broth over vegetables, then sprinkle with remaining 3 tablespoons Parmesan.
3. Cover dish with greased foil. Bake 40 minutes. Uncover and bake 50 to 60 minutes more, until potatoes are tender and a small knife inserted in center of dish comes out easily. Let gratin stand 15 minutes before serving. Serve with tossed green salad, if desired. Makes 6 servings.

Per serving without salad: 280 calories, 8 g total fat, 3 g saturated fat, 13 mg cholesterol, 673 mg sodium, 46 g carbohydrate, 10 g protein, 197 mg calcium, 7 g

HEART-HEALTHY FATS

All oils have different proportions of fatty acids (polyunsaturated, saturated and monounsaturated). The healthiest ones are oils that are low in saturated fats and high in monounsaturated or polyunsaturated ones, like olive, canola, peanut, corn and safflower oils. While you should try to keep the amount of fat in your diet low, don't cut out fats entirely. Instead, choose your fats wisely and use them sparingly—less than 30 percent of total *(continued)*





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Greek Vegetable Gratin, with layers of antioxidant-rich carrots, tomatoes, zucchini and peppers

Asian Beef and Vegetables is iron-rich and super-energizing

POWER FOODS

Continued

calories should come from fat—of that, 10 percent from saturated fats, 10 percent from monounsaturated fats and 10 percent from polyunsaturated fats.

CARROT AND FRUIT BUNDT CAKE

We've given carrot cake a major overhaul, starting with an oil change. Instead of one cup of vegetable oil, we used applesauce and just one quarter cup of canola oil, a heart-healthier fat. Thanks to the carrots, this cake is also high in beta-carotene, and studded with apricots and currants, it's every bit as delicious as carrot cake should be. Tip: Bake the cake a day ahead to allow the flavors to mellow.

Prep time: 30 minutes
Baking time: 1 hour 15 to 20 minutes
Easy, Low-fat

3 cups all-purpose flour
2 teaspoons baking powder
1½ teaspoons baking soda
1½ teaspoons cinnamon
½ teaspoon salt
½ cup dried apricots, finely diced, divided
½ cup dried currants, divided
¼ cup crystallized ginger, finely chopped
1 cup granulated sugar
1 cup firmly packed brown sugar
2 large eggs
2 large egg whites
1 cup applesauce
¼ cup canola oil
1¼ pounds carrots, shredded (4 cups)
1 tablespoon vanilla extract

Glaze
1 can (6 oz.) pineapple juice
½ cup fresh orange juice
2 tablespoons honey

2 tablespoons toasted pecans, chopped

1. Heat oven to 350°F. Grease and flour a 12-cup fluted kugelhopf mold or bundt pan. Combine flour, baking powder, baking soda, cinnamon and salt in a large bowl. Set aside 2 tablespoons apricots and 1 tablespoon currants in bowl for glaze. Stir remaining apricots and currants and crystallized ginger into dry ingredients.
2. Stir together remaining ingredients in another large bowl until well blended, breaking up any lumps of brown sugar with spoon. Stir into flour mixture. Pour batter into prepared pan.
3. Bake 1 hour 15 to 20 minutes, until a toothpick inserted into center of cake comes out clean. Let cake cool in pan on wire rack 10 minutes. Unmold onto rack and cool completely.
Make glaze: Meanwhile, combine all ingredients in a medium saucepan. Bring to a boil. Reduce heat and boil gently 12 to 15 minutes, until glaze thickens and is reduced to ⅓ cup. Pour into a small bowl and let cool 15 minutes.
5. Stir reserved 2 tablespoons apricots and 1 tablespoon currants into glaze. Spoon glaze over top of cooled cake, pressing fruit to stick to cake. Sprinkle top with pecans, pressing to stick. Makes 12 servings.

Per serving: 435 calories, 7.5 g total fat, 1 g saturated fat, 35 mg cholesterol, 386 mg sodium, 88 g carbohydrates, 6 g protein, 103 mg calcium, 4 g fiber

LYCOPENE

Responsible for the red color in tomatoes, lycopene is an antioxidant that may help reduce the risk of cancers of the prostate and digestive tract. The best sources are cooked tomatoes and tomato products. Other sources include guava, pink grapefruit and watermelon.

CAPONATA WITH PORTOBELLO MUSHROOMS

If you've never tried caponata, now's the perfect time. A luscious combination of eggplant, onion, tomatoes, olive oil and vinegar, this Italian classic captures the best of Mediterranean flavors. Plus, the lycopene in the cooked tomatoes is most readily absorbed when paired with a small amount of fat, such as olive oil. To turn caponata into a meal, we served it with baked portobello mushroom caps, which have a great meaty taste. Then we topped it with fontina cheese and savory herbs.

Prep time: 25 minutes
Cooking time: 40 to 45 minutes
Easy, Low-calorie

1 tablespoon olive oil
1 medium onion, chopped
1 cup chopped fennel
2 teaspoons finely chopped garlic
1 small (1 lb.) eggplant, peeled and cut into ½-inch dice
⅓ cup white wine

Mushrooms
8 small portobello caps (1½ lbs.)
2 tablespoons olive oil
2 teaspoons balsamic vinegar
½ teaspoon salt
½ teaspoon freshly ground pepper

3 tablespoons tomato paste
1 tablespoon balsamic vinegar
1 can (16 oz.) whole tomatoes in juic chopped (do not drain)
2 tablespoons water
2 tablespoons chopped fresh parsley
1 teaspoon chopped fresh thyme
½ teaspoon chopped fresh rosemary
1 teaspoon sugar
½ teaspoon salt
¼ teaspoon freshly ground pepper
¼ pound fontina cheese, shredded

1. Heat oil in large nonstick skillet ve medium-high heat. Add onion and fennel and cook 3 to 4 minutes, unt lightly browned. Add garlic; cook, stirring, 1 minute. Add eggplant an wine; reduce heat to medium, cove and cook 15 to 25 minutes, until eggplant is tender.
2. *Make mushrooms:* Meanwhile, hea oven to 425°F. Line large cookie she with foil. Turn mushrooms top side down and remove dark gills with sid spoon; discard gills. Transfer caps t prepared sheet, top side up. Combir remaining ingredients in cup; brush n caps. Bake 15 minutes, until mushro are tender. Cover and keep warm.
3. Stir tomato paste and vinegar int eggplant, cook 1 minute. Add toma and juice, water, parsley, thyme, rosemary, sugar, salt and pepper. Co and simmer 10 minutes, until thick
4. *To assemble:* Turn over mushroom caps. Evenly top with cheese. Transf oven and bake just until cheese melts 2 minutes. Divide caponata among 4 serving plates; arrange 2 mushroom on each plate. Makes 4 servings.

Per serving: 320 calories, 20 g total fat, 7 g saturated fat, 33 mg cholesterol, 1,128 mg sodium, 27 g carbohydrates, 14 g protein, 261 mg calcium, 6 g fiber *(contin*

IRON FOR VEGETARIANS

Iron from vegetables and grains (non-heme iron) is less easily absorbed than the iro from meat, poultry and fish. (Only 2 to 20 percent of non-heme iron makes its way into the bloodstream, as opposed to the 25 to 35 percent absorption rate of heme iron.) But don't worry! Those who enjoy meatless meals can still gain iron's benefits. Here's a list of the best sources of non-heme iron. Keep in mind that pairing it with foods rich in vitamin C is always best. Experts recommend 15 milligrams of iron a day.

TOP SOURCES FOR NON-HEME IRON

1 cup fortified breakfast cereal: 1.4 to 18 mg
½ cup soybean nuts: 4 mg
1 tablespoon blackstrap molasses: 3.5 m
½ cup fresh spinach: 3.2 mg
½ cup kidney beans: 2.6 mg
¾ cup prune juice: 2.3 mg



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POWER FOODS

Continued

GOOD-FOR-YOU GRAINS

Grains make up the base of the healthy food pyramid for good reason. Loaded with fiber and nutrients, they can help lower cholesterol and keep you full while you're dieting. And with so many newly rediscovered grains arriving in supermarkets and specialty shops, there's no need to limit yourself to common ones like barley and oats. Quinoa, amaranth, faro (spelt) and kamut are among the more unusual and delicious grains now available.

TRITICALE RISOTTO

Risotto isn't normally what we'd call a power-packed dish. But we replaced arborio rice with a super-grain called triticale (triht-ih-KAY-lee), which is loaded with fiber and protein. Then we tossed in Swiss chard and butternut squash for vitamins A and C, as well as for flavor. You'd never have guessed that increasing your fiber and whole-grain intake could be so delicious.

Prep time: 40 minutes
Cooking time: 46 to 54 minutes
Low Fat

2 cups triticale berries
1 tablespoon butter, melted
1 butternut squash (2½ lbs.), peeled, seeded and diced
2 cans (14½ oz. each) chicken broth
¼ cup water
1 tablespoon olive oil
1½ cups chopped onions
1 tablespoon finely chopped garlic
½ cup white wine
¾ pound Swiss chard, trimmed and leaves chopped (5½ cups)
1 teaspoon chopped fresh thyme
½ teaspoon salt
¼ teaspoon freshly ground pepper
⅛ teaspoon freshly ground nutmeg
⅓ cup freshly grated Parmesan cheese
Freshly shaved Parmesan cheese for garnish, optional*

1. Heat oven to 425° F.
2. Bring triticale and water to cover by 1 inch to boil in Dutch oven. Cook 20 minutes; drain and dry pot.
3. Meanwhile, toss squash with melted butter on a jelly-roll pan; bake 25 to 35 minutes, until tender and browned.
4. Bring broth and water to a simmer in large saucepan. Heat oil over medium-high heat in same Dutch oven; add onions and cook 4 to 6 minutes, until tender and lightly browned. Add garlic, cook 1 minute. Add wine, co 1 minute more. Stir in drained tritic and cook until wine is absorbed. Reduce heat to medium and gradua add broth mixture ½ cup at a time, stirring, until liquid is absorbed and triticale is tender, 12 to 17 minutes. Stir in the squash, chard, thyme, sal pepper and nutmeg; cook 4 to 5 minutes, stirring, until chard is ten Stir in grated Parmesan, and garnish with Parmesan shavings, if desired. Serve immediately. Makes 6 servings.

* TO MAKE PARMESAN SHAVINGS, USE A SWIVEL-BLADE VEGETABLE PEELER.

Per serving: 405 calories, 8.5 g total fat, 3 g saturated fat, 9 mg cholesterol, 1,020 mg sodium, 72 g carbohydrates, 15 g protein, 215 mg calcium, 16 g fiber

OMEGA-3s

These are the essential fatty acids thoug to keep people from some fish-eating Alaskan cultures practically free of heart disease and cancer. Found mostly in high fat, cold-water varieties of seafood—mackerel, tuna, salmon, sardines—it has been established that Omega-3s are vital body development and maintenance. This essential fatty acid lowers blood pressure reduces the clotting of blood platelets an

rs the risk of arrhythmia (abnormal tbeat). Omega-3s can also be found in t foods such as flaxseeds and walnuts.

LMON WITH COUSCOUS D KALE

test Recipe of the Month

non, a great source of Omega-3s, aired with couscous and kale, a rient-packed green, for a dinner 's delicious and balanced

p time: 20 minutes
king time: 6 to 8 minutes
y

uscous
tablespoon olive oil
teaspoons finely chopped garlic
cups coarsely chopped kale leaves
cup water
teaspoon salt
cup couscous
tablespoon white wine
teaspoon butter or margarine

lmon
teaspoon olive oil
pound center-cut salmon fillets
teaspoon salt
teaspoon freshly ground pepper

mon wedges, optional
amed green beans, optional

3. Divide couscous between 4 serving plates. Top each with a salmon fillet. Serve with lemon wedges and green beans, if desired. Makes 4 servings.

Per serving without green beans:

SOY

Scientists believe estrogen-like compounds called isoflavones are responsible for soy's health effects, and new evidence suggests that soy foods such as tofu may protect against heart disease, breast cancer, osteoporosis and the hot flashes that may accompany menopause. Experts recommend consuming 30 to 60 milligrams of isoflavones per day. In addition to tofu, other good sources include soy milk, soy burgers and soy hot dogs.

THE MIGHTY EGGLESS SALAD SANDWICH

It looks like egg salad. Has the consistency of egg salad. But our sandwich has no eggs—just the cholesterol-free superfood tofu. Our tofu spread, mixed with celery, onion, mustard and turmeric, and served on white wheat bread with watercress, also makes a delicious midday meal. Tip: You'll need to drain the tofu to give the filling its firm texture.

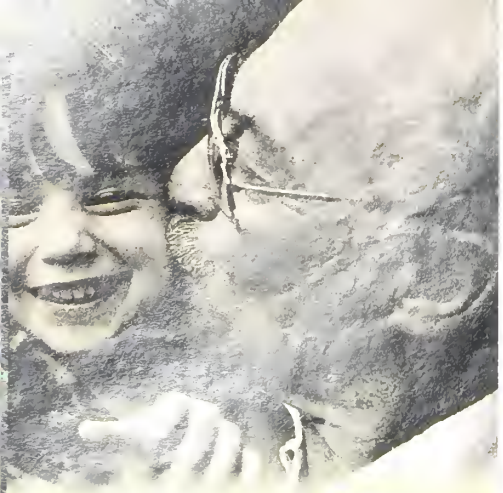
Total prep time: 25 minutes plus standing and chilling
Easy, Low-calorie

1 pound firm regular tofu
½ cup chopped celery
¼ cup light mayonnaise
2 tablespoons finely chopped onion
4 teaspoons fresh lemon juice
2 teaspoons dried mustard
1 teaspoon turmeric
½ teaspoon salt
8 slices whole-wheat bread
1 cup watercress leaves

(continued)

How rich can sugar free and fat free be?

W[illegible]nd turn the page.



Grandpa's soup made us feel warm all over.



Goya beans take everyday meals and turn them into something they'll remember.

Grandpa's Special Bean Soup

- 2 15.5 oz. cans Goya Red Kidney Beans, drained
- 2 tbs olive oil
- 1 cup diced carrots
- 1 cup diced onions
- 1 cup diced celery
- ½ lb ground beef
- 1 tbs chopped garlic
- 1 tbs Goya Adobo All-Purpose Seasoning
- 7 cups water
- 3 pkts Goya Beef Bouillon
- 1 28 oz. can whole tomatoes, chopped (reserve fluid)
- 1 16 oz. bag frozen vegetables
- 1 cup elbow noodles
- salt/pepper to taste

1. In a large heavy bottomed pot, sauté diced vegetables in oil over low heat until golden. Add ground beef and cook, breaking into ½ inch chunks. Add Goya Adobo and garlic and sauté 3 minutes.
2. Add reserved tomato fluid, water and bouillon. Bring to a boil.
3. Add tomatoes, frozen vegetables and elbow noodles. Return to boil and simmer 7 minutes.
4. Add Goya Beans, stir, and cook 3 minutes.

© Goya Foods Inc. Serves 8-10



It's gotta be Goya.®

POWER FOODS

Continued

1. To drain, press tofu to remove excess liquid: Slice tofu in half horizontally into two 1-inch-thick pieces. Invert a plate onto a jelly-roll pan and cover with plastic wrap. Arrange tofu pieces side by side in the center of the plate. Cover tofu with plastic wrap, then top with another dinner plate. Weigh the plate down with a can. Let stand for 30 minutes, until tofu is firm and most of the water has drained out.
2. Combine tofu, celery, mayonnaise, onion, lemon juice, mustard, turmeric and salt in a bowl; mash tofu mixture with a fork until smooth. Cover and refrigerate, 1 hour, for flavors to blend.
3. Spread tofu mixture on 4 slices of bread; top with watercress and remaining bread. Makes 4 servings.

Per serving: 285 calories, 13 g total fat, 2.5 g saturated fat, 5 mg cholesterol, 722 mg sodium, 31 g carbohydrates, 15 g protein, 178 mg calcium, 6 g fiber

CALCIUM

A powerhouse of a mineral, calcium builds and maintains strong bones and helps your muscles to contract, your blood to clot and your nervous system to send messages. Calcium may also protect against high blood pressure, heart disease and possibly colon cancer. Besides dairy products, calcium-fortified orange juice, kale and tofu are also great sources of the mineral.

TROPICAL SMOOTHIE

Shake up your morning with this delicious blend of yogurt, calcium-fortified orange juice, fresh mango and banana. One smoothie a day accounts for almost a third of your daily calcium requirement—and can start your mornings with real fruity fervor.

Total prep time: 10 minutes
Easy, Low-fat

1 small ripe banana, peeled and cut in half
1 container (6 or 8 oz.) low-fat maple-vanilla or vanilla yogurt
1 small ripe mango, chopped
½ cup calcium-fortified orange juice
1 teaspoon sugar
½ cup ice cubes

Puree banana, yogurt, mango, orange juice and sugar in blender. With machine on, add ice cubes one at a time through feed tube, until mixture is smooth and thick. Makes 2 servings.

Per serving: 210 calories, 1.5 g total fat, 1 g saturated fat, 5 mg cholesterol, 68 mg sodium, 46 g carbohydrates, 6 g protein, 268 mg calcium, 2 g fiber

JOURNAL SHOPPING CENTER

THE NEW AMERICAN HOME Pages 134–138 Throughout the house, unless otherwise specified: Ace Royal Sh interior paint, Ace Royal Touch exterior paint, Ace Royal exterior stain, Ace Hardware, *www.acehardware.c* custom closet system, California Closets, 800-276-7543, *www.calclosets.com*; plants, Calloway's Nurs *www.calloways.com*; bed pillows and comforters, "Comforel" bed pillows, and "Comforel Ultra" comfo DuPont Sleep Products, 800-547-5337, *www.dupont.com/sleepproducts*; upholstery, Flexsteel Industr 800-685-7632, *flexsteel.com*; upholstery fabric, Robert Allen, 800-240-8189; upholstery leather, Lackaw na Leather, 800-421-7553; wallpaper prep products, "Shur-stik" by Gibson-Homans, 800-433-7293; c goods, Habersham Plantation, 800-422-3774; cookware, small appliances, kitchen and dining accesso place mats and napkins, dinnerware, flatware, stemware, decorative accessories, lamps, JCPenney, 6501 L cy Drive, Dallas, TX 75301; wood blinds, Levolor, 800-232-2028; drapery hardware, Kirsch, availabl JCPenney; draperies, valances, cornices, roman shades, decorative seat cushions, shower curtains, matt slipcovers, JCPenney Custom Decorating, 800-543-5436, *www.jcpenney.com/custdec/index.htm*; mattres Sealy mattresses available through JCPenney stores and catalog, *www.sealy.com*; apparel, shoes and cloth accessories for closets, Marshalls, 888-627-7425; area rugs, Nourison, 800-233-1110, x264; ceiling fans cessed lights, light fixtures, sconces, Quorum International, 800-443-4625, *www.lightingandfans.com*; comput CompUSA, 972-448-4850; portable fire safes, Sentry Group, 800-828-1438, *www.sentry-grp.com*; carpet, C ture by Sutton, 800-526-8816, *www.couturebysutton.com*; vintage pillows, Threads of Time, 972-471-17 *ThreadsOT@aol.com*; most antiques, Uncommon Market, 214-871-2775; "Color by Design" bedding, b linens, "Skyline" bath accessories, Wamsutta, 888-926-7888, *www.springs.com*; framed prints, Wild Ap Graphics, 802-457-3952; custom mats, framing, Paragon Picture Gallery, c/o Office Furniture Sou 800-613-4955; wallpaper: master suite, Antonia Vella Collection; study, Country Road Collection; bath 4, American Sampler Collection; bed 4, Country Kitchen and Bath Portfolio; all collections by York Wallco ings, 800-375-9675; flooring, Bruce Hardwood Floors, 800-722-4647; ceramic tile, Porcelanite; bathro hardware, Baldwin Hardware Corporation, 800-437-7448; cabinetry, KraftMaid Cabinetry, Inc., 800-654-30 countertops, Wilsonart International, 800-433-3222; electronics, Thomson Consumer Electronics/RCA GE, RCA 800-336-1900, GE 800-447-1700; windows, General Aluminum Corporation, 800-727-0835; v composition flooring, Congoleum Corporation, 800-934-3567, *www.congoleum.com*; tubs and jetted un Aqua Glass Corporation, 800-238-3940; fixtures, basins and toilets, Gerber Plumbing Fixtures Co 847-675-6570, *gpfbficken@aol.com*, *gerberonline.com*; shower faucets, Alsons Corporati 800-421-0001; decorative paint, stencils, faux finish kits, glazes, decorator tools, Plaid Enterpris 800-842-4197, *www.plaidonline.com*; artist photographs, Tom Lee, VSA, 800-933-8721, *www.vsarts.* custom framing of artist photographs, Larson-Juhl, 972-458-9223, *www.larsonjuhl.com*; decorative paint Faith Walk Designs, 800-324-8405; Finished Colours, 214-426-5511.

ATE

B vitamin may prevent birth defects reduce the risk of heart attack and ke. Folic acid is folate's synthetic nterpart, and is found in most tivitamins and fortified foods such as ds and cereals. Great sources of folate beans, spinach, oranges, orange juice strawberries.

INACH-ORANGE SALAD

this colorful salad, we've tossed nach, orange sections and almonds l added freshly grilled chicken, and ped it off with Strawberry Dressing not only healthy, it's also refreshing l elegant. Eating the recommended to nine servings of fruits and etables a day is a great way to ure that you get the amount of folic d you need.

ep time: 15 minutes
oking time: 10 to 12 minutes
sy, Low-fat, Low-calorie

teaspoon salt
teaspoon freshly ground pepper
oneless, skinless chicken breast halves (about 1 lb.)
bags (6 oz. each) baby spinach, rinsed
oranges, peeled and sectioned

2 [illegible] spinach [illegible] with 3 tablespoons Strawberry Dressing. Slice grilled chicken breast. Divide greens among 4 serving plates. Top each serving with a chicken breast, then sprinkle 1 tablespoon almonds over each salad. Serve with remaining Strawberry Dressing. Makes 4 servings.

Per serving: [illegible] 38 g carbohydrates, [illegible] 4 g fiber

VITAMIN E

An antioxidant, vitamin E appears to work hand-in-hand with other antioxidants like vitamin C and selenium to offer protection from some chronic diseases. This vitamin also strengthens all cells, is vital to the immune system and may play a protective role against heart disease.

Great sources of vitamin E include nut oils, almonds and peanut butter.

STRAWBERRY DRESSING

Nuts [illegible] dash of nuts. Indulge yourself and get your daily requirement of vitamin E in the process. This dressing with hazelnut oil and high-fiber strawberries will become a family favorite.

[illegible] prep time: [illegible] minutes
Easy

1 cup [illegible] strawberries
2½ tablespoons balsamic vinegar
2 tablespoon hazelnut [illegible]
2 teaspoons honey
¼ teaspoon salt
¼ teaspoon freshly ground pepper

Puree all ingredients in blender. Makes ¾ cup.

Per serving: [illegible] calories, 4 g total fat, 0 g saturated fat, 0 mg cholesterol, 43.5 mg [illegible], 6 g carbohydrates, 1 g protein, 6 mg [illegible], 1 g fiber ●

Research by Regina Ragone. Recipes by Regina Ragone, Cynthia DePersio and Sarah Reynolds



A Better Burrito

Our fiery version gets by with only a fraction of the usual fat





Serve Spicy Pork an Bean Burritos with your favorite salsa

Packed with beef and cheese, burritos can be a real bundle of fat and calories. To slim them down without sacrificing flavor, we replaced the traditional fatty ground chuck with lean boneless pork chops, and used low-fat flour tortillas. Then we wrapped them up with pureed pinto beans for their creamy texture (versus refried beans cooked in lard), crisp shredded lettuce, white rice and Monterey Jack cheese. Roasted jalapeño, cumin and cilantro make sure the south-of-the-border flavor is still bursting out at the seams—even if, at 385 calories per burrito (down from 833), you won't be!

SPICY PORK AND BEAN BURRITOS

Prep time: 30 minutes
Cooking time: 45 to 50 minutes
Easy, Low-fat, Low-calorie, Microwave used

1 jalapeño chile
1 teaspoon cumin, divided
1 teaspoon salt, divided
¼ pound boneless pork chops (about 2), trimmed
2 celery ribs, peeled and chopped
1 tablespoon olive oil
1 cup chopped onions
1 carrot, chopped
1 tablespoon chopped garlic
⅛ teaspoon cinnamon
Pinch ground red pepper
1 cup chopped canned tomatoes
1¼ cups chicken broth
1 can (15 or 15½ oz.) pinto beans, drained and rinsed
¼ cup chopped fresh cilantro
1 package (20 oz.) low-fat burrito-size flour tortillas
2 cups cooked white rice
½ cup shredded Monterey Jack cheese
1 cup shredded iceberg lettuce
1 cup chopped fresh tomatoes
Lime wedges
Salsa

1. Heat broiler. Line a small cookie sheet with foil. Broil chile 2 inches from heat, turning once, 8 to 10 minutes, until skin is charred on all sides. Wrap in foil and let stand until cool enough to handle, 10 minutes. Remove stem, peel and seeds from chile, then chop chile.

2. On a sheet of waxed paper, rub ½ teaspoon cumin and ½ teaspoon salt on both sides of pork. Heat a 3-quart saucepan or small Dutch oven over medium-high heat 1 minute. Add oil and brown pork, 2 minutes per side. Transfer to cutting board; cut into ½-inch pieces and add to bowl. Set aside.

3. Reduce heat to medium; add chopped jalapeño, onions, carrot, celery, garlic, remaining ½ teaspoon *each* cumin and salt, cinnamon and ground red pepper. Cook, stirring, until onion softens, 5 to 8 minutes. Add canned tomatoes and cook 3 minutes, until heated through. Stir in broth, beans, pork and any juices. Bring to boil; cover and simmer 30 minutes. Uncover and cook until mixture thickens slightly, 15 to 20 minutes more. Stir in cilantro.

4. Meanwhile, heat oven to 350°F. Transfer 1½ cups bean mixture without pork to a food processor or blender and puree. (Return any pieces of pork to saucepan.) Return pureed bean mixture to saucepan and simmer over medium-low heat, just until heated through; be careful not to burn.

5. Microwave or steam tortillas according to package directions. Spoon ¼ cup of rice down center of one tortilla. Spoon ½ cup of bean mixture on top of rice; sprinkle with 1 tablespoon of cheese. Arrange ⅛ cup of lettuce and 2 tablespoons fresh tomato on top of cheese; fold in sides of tortilla and roll up. Place burrito seam side down on cookie sheet. Cover loosely with foil and keep warm in oven. Repeat with remaining tortillas, rice, bean mixture, cheese, lettuce and fresh tomato. Serve with lime wedges and salsa, if desired. Makes 8 burritos.

Per burrito: 385 calories, 7.5 g total fat, 2.5 g saturated fat, 33 mg cholesterol, 1,145 mg sodium, 57 g carbohydrates, 22 g protein, 170 mg calcium, 6 g fiber ●

Recipe by Jane Yagoda Goodman



Cure 81 ham

is always

bold and delicious.

So where's

the challenge?



The perfect sidedish

eal with the smoky, savor

ead muffins. Even someth

sh. No matter what you ch

rn out perfectly.

Hormel Foods Corporation

sweet potatoes. They re

golden-tasting corn

mmed toma

Hormel Foods

Cure 81 ham





Heights of fancy

Ooh-la-la! Our **banana cream napoleon** nestles fruit caramel and whipped cream between layers of phyll

Fabulously decadent and drop-dead gorgeous, our Banana Cream Napoleon is a mouthwatering study of texture and taste. We start by baking the bananas to bring out their flavor, stack them in a delicious tower of crispy phyllo, whipped cream tinged with rum, and a luscious homemade caramel sauce, then top it all off with a sprinkling of toasted pecans. The phyllo layers, the caramel sauce and toasted nuts can be prepared ahead, making it easy to assemble the dessert at the last minute.

BANANA CREAM NAPOLEON

Indulgent But Worth It
Prep time: 1 hour
Baking time: 19 to 22 minutes
Moderate

Pastry
- *6 tablespoons granulated sugar*
- *1 teaspoon cinnamon*
- *6 sheets phyllo dough, thawed*
- *6 tablespoons unsalted butter (no substitutions), melted*
- *¼ cup pecans, toasted, cooled and finely chopped*

Caramel Sauce
- *3 tablespoons unsalted butter (no substitutions)*
- *½ cup packed dark brown sugar*
- *¼ cup heavy or whipping cream*
- *3 tablespoons granulated sugar*
- *2 tablespoons orange juice*
- *1 teaspoon vanilla extract*

Filling
- *¾ cup heavy or whipping cream*
- *¼ cup sour cream*
- *2 tablespoons granulated sugar, divided*
- *1 tablespoon dark rum*
- *5 firm, ripe bananas, peeled*
- *1 tablespoon unsalted butter (no substitutions), melted*
- *½ teaspoon grated orange peel*
- *¼ cup pecans, toasted and chopped*
- *Fresh mint sprigs, for garnish*

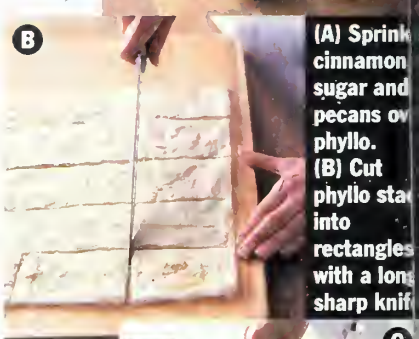
1. *Make pastry:* Heat oven to 350°F. Combine granulated sugar and cinnamon in a small bowl.

2. Place one sheet phyllo on work surface (keep remaining phyllo covered with plastic wrap and a clean kitchen towel). Brush sheet lightly with butter. Sprinkle top with 1 tablespoon cinnamon-sugar and 1 tablespoon pecans. Repeat process 3 times (photo A). Top stack with 1 more sheet phyllo, brush with butter and sprinkle with 1 tablespoon cinnamon-sugar. With long side facing you and using a long sharp knife, cut phyllo stack into 5 parallel strips lengthwise, then cut stack into 4 even strips crosswise, making 20 rectangles (photo B).

3. Grease a large cookie sheet. Arrange 18 rectangles ¼ inch apart on prepared cookie sheet. Bake rectangles 6 to 8 minutes, until lightly browned. Carefully transfer each rectangle with a spatula to wire racks; cool rectangles and cookie sheet completely.

4. Brush remaining phyllo sheet lightly with butter, then sprinkle sheet with remaining 1 tablespoon cinnamon-sugar. Cut into 4 rectangles. Stack rectangles. Roll up jelly-roll style from a long side. Slice roll crosswise into ¼-inch-wide strips. Toss strips gently to separate and spread out onto *(continued)*





(A) Sprink cinnamon sugar and pecans ov phyllo. (B) Cut phyllo sta into rectangles with a long sharp knif



(C) Gradually stir orange juice into caramel sauce with a long-handled spoon



(D) Ba banan slices a cook sheet. (E) Pip whippe cream betwe phyllo layers



Would you like some cheesecake with your chocolate?



One Bowl Chocolate Swirl Cheesecake

4 squares BAKER'S Semi-Sweet Baking Chocolate
2 pkg. (8 oz. each) PHILADELPHIA Cream Cheese, softened, divided
½ cup sugar, divided
2 eggs, divided
½ tsp. vanilla
1 ready-to-use chocolate flavor or graham cracker crumb crust (6 oz. or 9 in.)

·**HEAT** oven to 350°F. Microwave chocolate in large microwavable bowl on HIGH 1½ to 2 minutes or until chocolate is almost melted, stirring halfway through heating time. Stir until chocolate is completely melted.
·**WHISK** 1 pkg. cream cheese, ¼ cup of the sugar and 1 egg into the melted chocolate with wire whisk until well blended. Pour into crust. Whisk remaining cheese, sugar, egg and vanilla in same bowl until well blended. Spoon plain batter over chocolate batter; use teaspoon to swirl batters together.
·**BAKE** 40 minutes or until center is almost set. Cool. Refrigerate 3 hours or overnight.
Let stand at room temperature 20 minutes before serving. Makes 8 servings.

Prep: 10 minutes Bake: 40 minutes

PHILADELPHIA CREAM CHEESE

Bakers always choose Baker's.™

For more great recipes visit www.bakerschocolate.com

Baker's



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(A Land O'Lakes Keeper Recipe)

Cookies

- 1 3/4 cups all-purpose flour
- 1/2 cup cornstarch
- 1/3 cup powdered sugar
- 3/4 cup LAND O LAKES® Butter, softened
- 1 teaspoon grated lemon peel
- 1 tablespoon lemon juice

Frosting

- 3/4 cup powdered sugar
- 1/4 cup LAND O LAKES® Butter, softened
- 1 teaspoon grated lemon peel
- 1 teaspoon lemon juice

- In large mixer bowl combine all cookie ingredients. Beat at low speed, scraping bowl often, until well mixed (2 to 3 minutes).
- Divide dough in half. Shape each half into 8x1-inch roll. Wrap in plastic food wrap. Refrigerate until firm (1 to 2 hours).
- Heat oven to 350°F. With sharp knife, cut each half into 1/4-inch slices. Place 2 inches part on cookie sheets. Bake for 8 to 12 minutes or until set. (Cookies will not brown.) Cool completely.
- In small mixer bowl combine all frosting ingredients. Beat at medium speed, scraping bowl often, until fluffy (1 to 2 minutes). Frost cooled cookies.

Makes 4 dozen cookies

Tried and True for over 75 years.





DAZZLE DISH

Continued

the same greased cookie sheet.

5. Cut remaining 2 rectangles crosswise into 1/8-inch-wide strips and add to cookie sheet. Bake strips 5 to 6 minutes, or until golden. Cool strips on pan on wire rack. *(Can be made ahead. Arrange rectangles and strips between sheets of waxed paper in airtight containers and let stand at room temperature up to 3 days.)*

6. *Make caramel sauce:* Meanwhile, melt butter in a medium skillet over medium heat. Add brown sugar, cream and granulated sugar. Bring to a boil, stirring frequently. Reduce heat and simmer 5 minutes, stirring occasionally with a long-handled wooden spoon, until sugar dissolves. Stir in orange juice and vanilla (photo C). (Mixture may bubble up, but that's okay.) Remove skillet from heat and set aside.

7. *Make filling:* Increase oven temperature to 425°F. Beat cream, sour cream, 1 tablespoon sugar and rum in small mixer bowl on high until stiff. Cover and refrigerate.

8. Grease another large cookie sheet. Cut bananas crosswise into 1-inch-thick slices, discarding ends. Toss bananas with remaining 1 tablespoon sugar, butter and orange peel in a medium bowl. Arrange slices cut side down on prepared cookie sheet in a single layer. Bake 8 minutes, until tender (photo D). Set aside.

9. *To assemble:* Just before serving, reheat caramel sauce over low heat. Meanwhile, fill a large pastry bag fitted with 1/2-inch-wide star tip with whipped-cream mixture. Arrange 1 phyllo rectangle each on 6 large dessert plates. Pipe about one third whipped cream on top of rectangles, then divide and top each serving with half of the bananas, cut side down. Drizzle each serving with about 1 teaspoon caramel sauce. Top each with another rectangle. Pipe another third of whipped cream on rectangle and top with remaining bananas (photo E). Top each serving with remaining rectangles. Drizzle each serving with 1 teaspoon caramel sauce. Pipe remaining whipped cream on top of each and arrange strips of phyllo cream standing up. Drizzle a little caramel sauce over and around Napoleons; sprinkle with toasted pecans. Serve immediately with remaining caramel sauce. Makes 6 servings.

Per serving: 705 calories, 44 g total fat, 23.5 g saturated fat, 110 mg cholesterol, 123 mg sodium, 77 g carbohydrates, 4 g protein 71 mg calcium, 2 g fiber ●

Recipe by Sarah Reynolds

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NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan nutritious meals.

Daily Goal

Calories	2,000 (F); 2,500 (M)
Total fat	60 g or less (F); 70 g or less (M)
Saturated fat	20 g or less (F); 23 g or less (M)
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

BASED ON U.S.D.A. GUIDELINES

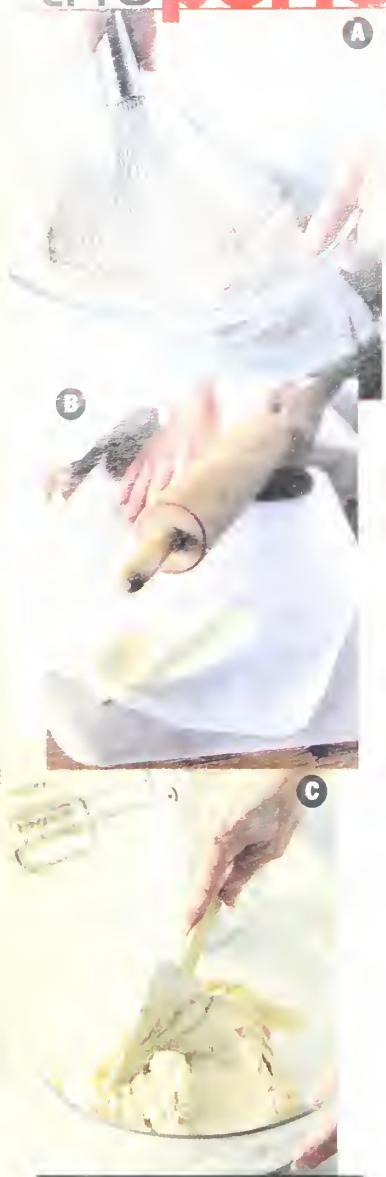
Ladies' Home Kitchen

A recipe isn't just a recipe,
it's a little piece of family history.
That's why recipes call for
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for more than 75 years.



LAND O LAKES®

Tried and True for over 75 years.



(A) Combine dry ingredients with a whisk. (B) Whack butter with rolling pin to soften. (C) Beat butter and sugars until creamy. (D) Drop dough with two spoons onto cookie sheet



Milk Mate

Never met a **chocolate-chip cookie** you didn't like? Try this recipe, and you'll start playing favorites

Who can resist a good chocolate-chip cookie? Not us! That's why we set out to create the most buttery-crisp, chewy, chocolate-studded cookie ever. And after dozens of attempts, we succeeded. The secret lies in adding just the right amount of oats and an exact proportion of granulated to brown sugar so that the cookies are chewy, rather than cakey. For chocolate chips, we went with the old reliable—semisweet—and then added chopped walnuts, just because we like them, although you can leave them out if you don't. With cookies this terrific, it's hard to resist eating the whole batch. But if you actually have some left, know that not only do these cookies stay perfectly delicious long after they've come out of the oven, they also freeze up to one month in an airtight container.



CHOCOLATE-CHIP COOKIES

Food Editor's Favorite

Prep time: 20 minutes plus standing
Baking time: 13 to 14 minutes per batch
Easy

2 1/4 cups all-purpose flour
1/4 cup quick-cooking oats
1 teaspoon baking soda
1/2 teaspoon salt
1 cup butter (no substitutions)
1 cup firmly packed brown sugar
3/4 cup granulated sugar
2 large eggs
2 teaspoons vanilla extract
1 package (12 oz.) semisweet chocolate chips (2 cups)
2 cups chopped walnuts

1. Heat oven to 375° F. Combine flour, oats, baking soda and salt in a medium bowl with a whisk (photo A).
2. Soften butter with a rolling pin (photo B). Beat butter and sugars in large mixer bowl at medium speed until creamy, 2 minutes (photo C). Add eggs one at a time, beating well after each addition. Beat in vanilla. At low speed, gradually beat in flour mixture until blended. Stir in chips and nuts.
3. Drop dough by heaping tablespoonfuls 2 inches apart on 2 large ungreased cookie sheets (photo D). Bake 13 to 14 minutes, until golden brown. Let cookies stand on sheets 2 minutes, then transfer to wire rack to let cool completely. Repeat. Makes about 45 cookies.

Per serving: 165 calories, 9.5 g total fat, 4 g saturated fat, 21 mg cholesterol, 101 mg sodium, 19 g carbohydrates, 2 g protein, 15 mg calcium, 0 g fiber ●

Recipe by Sarah Reynolds

Calling All Cooks

For chocolate-chip cookie fans like us, one perfect recipe is never enough. So if you think your recipe would give ours a run for the money, send it along for the next time we re-create this cookie classic. Send your recipes to *Ladies' Home Journal*, Box CCC, New York, N.Y. 10017. We retain the right to modify and publish submitted recipes.

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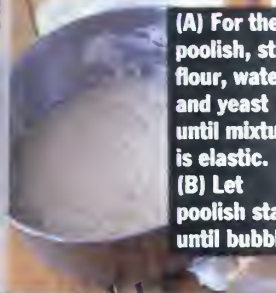
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(A) For the poolish, stir flour, water and yeast until mixture is elastic. (B) Let poolish stand until bubbly



on a
d,
d
h
rously
floured
s until
h is
and
oth



(D) Press finger into dough and remove. If it springs back, the dough is ready for rising. (E) For a decorative top, place dough in floured bread basket and let rise



The Art of Bread Making

Daniel Leader, a highly regarded bread baker and chef, shares his passion for the craft—and the secret to his perfect rustic loaf



Daniel Leader, owner of the Bread Alone Bakery, with stores in Woodstock, Boiceville and Rhinebeck, New York, and dean of bread baking for the International Bread Baking program at the French Culinary Institute, in New York City, has elevated bread baking to an art. His signature wheat loaves are large and rustic, with a distinct crisp-chewy crust and hearty texture—the result of using the finest ingredients, such as organic flour, spring water and sea salt. To give them a tangy-nutty flavor, Leader starts with a mixture called "poolish" (pronounced *poo-leesh*), a combination of flour, water and yeast that stands and ferments overnight and is added to the dough the following day. He also uses a combination of all-purpose and whole-wheat flours. "You may not need to use all the flour called for in the recipe, depending on your flour's moisture content and whether it absorbs all the water," Leader says. "Just be [illegible] dough. Instead of [illegible] the dough [illegible] advises [illegible]

minutes is essential. Set a timer, if necessary, because if the dough is under-kneaded, the bread may collapse."

CLASSIC COUNTRY-STYLE HEARTH LOAF

Test Kitchen Favorite

Prep time: 15 minutes plus chilling and rising
Baking time: 40 minutes
Moderate

Bran-wheat flour
2 pounds (9 cups) unbleached all-purpose flour, preferably organic
1 pound (3 cups) stone-ground whole-wheat flour, preferably organic

Poolish
½ teaspoon active dry yeast
½ cup water, preferably spring water, at 75°F.

Dough
2½ cups water, preferably spring water, at 75°F.
½ teaspoon active dry yeast
1 tablespoon fine sea salt

1 tablespoon shortening or butter, softened, or 2 teaspoons vegetable oil
Butter (no substitutions), optional

1. *Make bran-wheat flour:* To measure, stir all-purpose and whole-wheat flours in their packages or canisters to aerate, then *(continued)*

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Herb-Roasted Potatoes Poupon

5 tbsp. Grey Poupon Dijon Mustard
2 tbsp. olive oil
1 clove garlic, chopped
1/2 tsp. Italian seasoning
6 medium red-skin potatoes (about 2 pounds), cut into chunks

Mix all ingredients except potatoes in small bowl. Place potatoes in lightly greased 13x9x2-inch baking pan or on shallow baking sheet; toss with mustard mixture. Bake at 425°F for 35 to 40 minutes or until potatoes are fork tender, stirring occasionally. Makes 4 servings.

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;T CHEF

ued

dip a dry measuring cup into the
taking care not to pack the flour
he cup. Level off any excess with
al spatula or flat knife. Combine
l-purpose and whole-wheat flours
arge bowl.

ake poolish: Sprinkle yeast over
in another large bowl; let stand
iute. Stir with a wooden spoon,
yeast dissolves. Stir in ¾ cup
wheat flour. Vigorously stir
ire 100 strokes, until strands of
ı come off the spoon when you
the back of the spoon against the
(photo A) and the mixture is a
ible consistency. Scrape the sides
e bowl with a rubber spatula
r poolish with plastic wrap and
erate overnight.

ake dough: Remove poolish from
erator and let stand 2 hours, until
ire registers 75°F. when tested in
r with an instant-read thermometer
mixture should be bubbling slightly
have a wheaty aroma (photo B).
n water and yeast, until yeast is
lved. Stir in 1 cup bran-wheat flour,
well combined. Add salt, then stir
to 6 cups more flour, until mixture
s a thick mass that is difficult to
(The dough will be slightly sticky
ransfer dough to lightly floured
ice. Dip hands in flour to prevent
ing. Knead dough by pushing it
n and forward with the heel of one
l, then pulling back from the top and
ng the dough with the other. Knead
gh vigorously 15 to 17 minutes,
ually adding enough flour (1½ to
ps) as necessary, until dough becomes
oth, elastic and strong (photo C).
n't be afraid to end up with a
itly tacky dough.) Press your finger
the dough and remove it. If the
gh springs back, it's ready (photo
Shape dough into a tight ball.
Grease a medium bowl with
tening. Add dough, turning to
se top. Test the temperature of the
gh—it should reach 78°F. (If the
perature is too high, refrigerate

6. [illegible] and form each piece into a ball.

7. [illegible] Punch down and knead briefly. [illegible] 3 minutes. Divide dough in half. Flatten each piece with the heel of your hand, using firm direct strokes, then form each piece into a ball.

8. Generously flour two 8x3 inch or 8½x3 inch bread baskets or line two bowls of equal size with well-floured clean kitchen towels. Place loaves smooth side down in each prepared basket (photo D). Dust tops with flour. Cover with plastic wrap and let rise, 1 to 2 hours, until increased in volume about 1½ times.

9. Meanwhile, arrange oven racks to center and upper third of oven. Heat oven to 450°F.

10. Lightly coat 2 large cookie sheets with vegetable cooking spray. Gently unmold loaves onto center of each prepared sheet. Using a small, sharp knife or razor, score the loaves by making shallow cuts ¼ to ½ inch deep along top of each loaf.

11. Place loaves in oven. Place 6 ice cubes in a metal pan on floor of the oven to create steam. Bake 20 minutes. Rotate cookie sheets and switch between racks. Reduce oven temperature to 400°F. Bake loaves 20 minutes more, until breads sound hollow when tapped on bottoms and temperature registers 204°F. to 206°F. when stem end of instant-read thermometer is inserted in center of each bread. The loaves should have a rich caramel color and the crust should be firm. Cool breads on wire rack at least 20 minutes. Slice breads and spread with butter, if desired. Makes 2 loaves; 8 to 10 servings per loaf.

Per serving without butter: [illegible] calories, 4 g total fat, [illegible] mg sodium, [illegible] g carbohydrate, [illegible] mg cholesterol, 7 g protein, [illegible] g fiber.



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Pineapple Ham Poupon

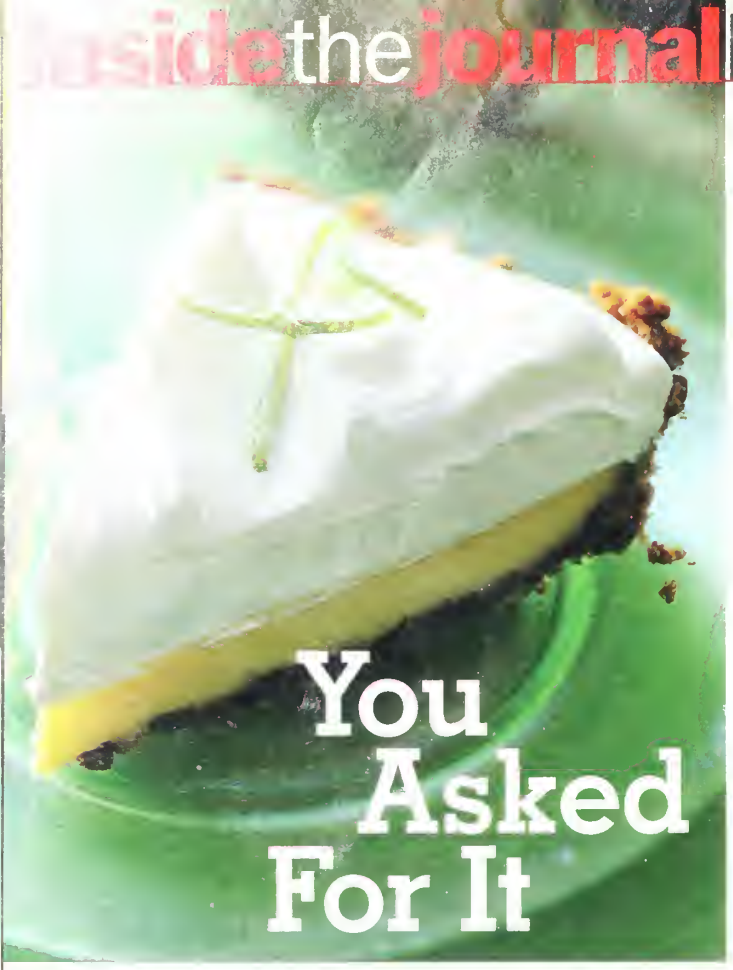
Makes 1/4 cup glaze and 2 1/2 cups sauce.

5 tbsp. Grey Poupon Dijon or Country Dijon Mustard
2/3 cup maple-flavored syrup
1/3 cup firmly packed brown sugar
1 (20-ounce) can crushed pineapple in juice
1 tbsp. cornstarch

Glaze: Mix syrup, mustard and brown sugar. Reserve 1/4 cup glaze to brush over ham during last 20 minutes of cooking time.

Sauce: Mix remaining glaze, pineapple and cornstarch in medium saucepan. Cook over medium-high heat until mixture thickens and begins to boil, stirring frequently. Boil for 1 minute. Serve warm with sliced ham.

Grey Poupon. & ham. But of course.



You Asked For It

Dear LHJ,
When I visited New York City's American Festival Cafe, I tried their Key Lime Pie. After one bite, I thought I'd died and gone to heaven. Could you get the recipe for me?

—Joanne Marzella, Valhalla, New York

TOP OF THE LIME
With its crunchy graham-cracker crust, tart-sweet filling and sweetened whipped cream, this version of the classic dessert is hard to beat.

Prep time: 10 minutes plus chilling
Baking time: 20 minutes
Easy

1. Heat oven to 350°F. Combine *1¼ cups graham-cracker crumbs, 2 tablespoons granulated sugar* and *6 tablespoons melted butter or margarine* in bowl. Press crumbs into a 9-inch pie plate. Bake 5 minutes, until crust is golden. Cool on rack.
2. Meanwhile, whisk together *3 large egg yolks* and *1 can (14 oz.) sweetened condensed milk* in medium bowl until smooth. Gradually whisk in *1 teaspoon grated lime peel* and *½ cup fresh lime juice* until blended. Pour filling into prepared crust. Bake 15 minutes. Cool on wire rack 20 minutes. Chill 2 hours. *(Can be made ahead. Cover loosely and refrigerate overnight.)*
3. Beat *1 cup heavy or whipping cream* in mixer bowl to soft peaks. Gradually beat in *2 tablespoons confectioners' sugar.* Beat to stiff peaks. Spread whipped cream over top of pie. Makes 8 servings.

Per serving: 460 calories, 27 g total fat, 15.5 g saturated fat, 161 mg cholesterol, 278 mg sodium, 48 g carbohydrates, 7 g protein, 173 mg calcium, 1 g fiber

JUDGE JUDY
Continued from page 133

at a woman one second and make love to her the next and expect her to experience pleasure.

RULE #4

DENIAL IS A RIVER IN EGYPT. Denial is thinking you'll advance your career by working long hours for little pay while your boss takes credit for all of your good ideas. Denial is buying a dress two sizes too small because you're planning to lose weight. Denial is saying he lied only once.

Women stay in intolerable situations for any number of reasons, but primarily because they fear being left alone. Yet women survive being alone much better than men do. That's why most men will stay in a relationship if their basic needs are met.

If a woman has education and a skill, she has guaranteed divorce insurance for a lifetime. That may sound shocking, even cynical, but look at it this way. Everyone has homeowner's insurance, even though the likelihood of your house burning down is statistically small. The likelihood of disaster striking your marriage is about fifty-fifty. Go ahead and hope that everything will remain as wonderful as it was on the day you were married, but be prepared.

RULE #5

MASTER THE GAME—THEN PLAY IT. Men still control the workplace, for the most part. The higher a woman rises, the more people come out of the woodwork wanting to knock her off her high horse.

If you're trying to balance the scales of justice and equality in all your work relationships, you're going to come up short. But there are things you *can* do. Be smart. Use your female intuition and your energy, and soak up information and detail like a sponge. Learn every aspect of what you do. Then take incremental steps to make sure the people in charge understand you're ready for more responsibility. Be assertive and aggressive, but with a light touch, mixing confidence with humor. Eventually you'll have everything you need to succeed.

But never forget that you start out with a handicap. Aggressive, assertive women are often viewed as bitches and ball-busters, while the same qualities earn men the distinction of being tough, no-nonsense leaders. Don't be afraid of labels. Don't let the insecurities of others scare you away from your goals.

Whatever job you decide to tackle, make yourself indispensable. But don't confuse being indispensable with being subservient. It's not the job at all. It's about demonstrating your worth, no matter what your position, and then using it to move ahead.

RULE #6

YOU'RE THE TRUNK OF THE TREE. The trunk of the tree is the foundation, the heart. Who is the trunk in most households, most companies? The woman. Women

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tablish roots. They breathe life into nilies, projects and organizations. But who takes care of the woman? ou have to nurture yourself. If oth- s do it, too, that's a bonus, but on't expect it. Men may learn a irturing technique, but it doesn't me naturally—a fact most women scover after decades of frustration, sappointment and heartache.

My husband, Jerry, didn't give me engagement ring when we decided get married. I admit I was a bit dis- pointed. One day last year I went to e jewelers with my best friend aine and bought a big diamond ng. A real beauty. When I came me, Jerry was reading the paper "What did you do today?" he asked.

I said, "I went shopping."

Not looking up from his paper. rry asked, "Where did you go?"

I said, "I went to the jeweler."

That got his attention. He put wn the newspaper and stared at my tstretched hand with the ring arkling. And he said these immortal words: "Good for you."

Could I have spent the money more wisely elsewhere? Of course. However, spending your money once in a while on things that give you pleasure is important. Don't feel guilty. Consider it a long drink of water for the trunk of the tree.

RULE #7

YOU CAN'T TEACH THE BULL TO DANCE. Trying to change a man—to make him more helpful, more responsible, more socially acceptable, more sensitive, more domesticated—is like trying to teach a bull the two-step.

Jerry and I had reached an impasse after fifteen years, during which I indulged in the female struggle to make him think like a woman. We had one session with an affable and well-intentioned marriage counselor, and [illegible] someone that Jerry was the way [illegible]. And he wasn't going to change. If I wanted inner peace and [illegible], it had to come from me.

[illegible]st because you can't teach the bull to dance doesn't mean you have to let him run wild and trample the petunias. We encourage helplessness in our husbands and children because it makes us feel needed. We think that if we take on all the responsibilities, they will adore us that much more. Not true, and sooner or later we will resent taking on so much for so little reward.

If there is ever to be redress, it will have to start very early in a boy's life. Mothers have to teach their sons to become dual-process thinkers. Example: He's in the bathroom and he notices the toilet-paper roll is almost empty. His next thought—this is the vital part of dual process—is to replace the roll of toilet paper. And he does.

RULE #8

FAILURE DOESN'T BUILD CHARACTER. Our children are not carbon copies of us, nor are they put on earth to fulfill our dreams. If we expect them to excel in areas that do not interest them, or follow a *(continued)*

[illegible] for which they have no natural ability, they are going to feel inept. Make an honest examination of your expectations and your motivations. Take care that your high hopes are not the source of your child's diminished spirit.

The other ingredient to success is discipline. When my children were growing up, I was not their friend. I had friends of my own, and so did they. Our relationship was simple: I was the adult and I made the rules; they were the children and they followed the rules.

One more thing: Take the time when you tuck your kids in at night or when they're going out to say, "I love you." They know it, but it's still nice to hear it. The power of love isn't diminished by repetition.

RULE #9

LETTING GO IS HALF THE FUN. It's important to give children a sense of security as they grow up, and it's great to help your adult children when they are starting out. But it's also a wonderful feeling for young adults to make it on their own. So give, but know when to let go.

You may see things your children and your son- or daughter-in-law are doing that you don't approve of. Keep it to yourself. Stand in front of a mirror and imagine statements that would normally cause you to launch into a tirade—"Guess what, Mom? I've decided to leave medical school and become a stand-up comedian." Your response? "That's nice, dear." Perform this exercise over and over until you have it mastered, varying the themes: "I'm becoming a Buddhist." *How interesting.* "Bill and I have decided not to have children." *Mmmmmm.* "I'm having a sex-change operation." *Whatever, dear.*

RULE # 10

YOU CAN BE THE HERO OF YOUR OWN STORY. Unless you believe in reincarnation, this is your one shot. Men seem to understand this. How many men do you know who put their lives on hold because they're waiting for Ms. Right? Not that men don't want to be part of a couple, but they don't believe in hanging out in limbo until that happens.

But women often feel incomplete until they are mated, and will put off making themselves content in the meantime. I have known women in their thirties who will not buy a couch because he (whoever he may be) might not like it. I have known women in their sixties, divorced or widowed, who won't move into a better apartment until they're sure they won't be getting married again. There's nothing wrong with hoping to be part of a couple, but hope can occur in a nice apartment.

If you're sitting around waiting for your hero to show up, decide to be the hero of your own story. Instead of just hoping something better will come along, live your life as though the better were already here.

If you have a positive outlook and a sense of personal accomplishment, you will be a better partner, friend and mother. It's not about being selfish. It's about being your best and rejecting those who would keep you down. It's about being responsible for your own happiness. ●

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MICHELLE PFEIFFER

Continued from page 124

date with Kelley that led to [illegible] marriage. Not every man wo[illegible] have been so eager to embark [illegible] relationship with a famous wo[illegible] in the midst of adopting a ba[illegible] "But David fell in love with C[illegible] dia before he fell in love with m[illegible] Pfeiffer says. Less than a year l[illegible] they pulled off a surprise move [illegible] staged their wedding at the ba[illegible] christening, where she was nam[illegible] Claudia Rose Kelley. Nine mon[illegible] after that day, John Henry was b[illegible] Now, Pfeiffer says confidently, "[illegible] know I'm with my soul mate."

Their relationship is not, howe[illegible] without drama. "We have our [illegible] sues," says Pfeiffer. Neither [illegible] "much of a talker," she says, [illegible] they shared a tendency to keep [illegible] most painful things inside. Two ye[illegible] ago, when Pfeiffer was in Illin[illegible] filming *A Thousand Acres*, she [illegible] powerless to keep the heaviness [illegible] her role out of her personal fra[illegible] "She withdrew," says her husba[illegible] "The toughest thing for me was [illegible] see her bearing that weight." T[illegible] anguish was a wake-up call for b[illegible] of them to communicate with e[illegible] other. "We know those things [illegible] happen, and we have to pay att[illegible] tion. We're better now at do[illegible] that," Pfeiffer says.

As far as age, forty was a fork [illegible] the road that Pfeiffer greeted w[illegible] equanimity. "It's okay for me to [illegible] older," she says with a smile. "[illegible] husband just loves old women. H[illegible] crazy about his grandmother." U[illegible] and-coming starlets are certainly [illegible] threat, even when they are deem[illegible] the "new Michelle Pfeiffer," and s[illegible] in her husband's hit show, *A[illegible] McBeal*. "Frankly, we just never s[illegible] it," she says of the uncanny physi[illegible] similarity, adding, "Let me get t[illegible] out of the way right now. Yep, I thi[illegible] Calista is too thin, and no, I do[illegible] think she's anorexic. I *know* peop[illegible] who are anorexic, and this is simp[illegible] not her personality."

As far as her own looks are co[illegible] cerned, it depends on what's on h[illegible] motherhood agenda for the mome[illegible] "I can still *(continued on page 17*



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Christina Williams, her brother, Michael, and Greg, the dog she was walking when she vanished

positive difference. "I guess I think that if I work hard enough, try hard enough, God will bring Morgan home," she says, brushing away a tear. "I believe in God. I believe in miracles. I believe someday she will come home."

—Kathryn Casey

(continued from page 125)

CASE #2

Morgan Chauntel Nick, Alma, Arkansas
Missing since June 9, 1995

Seven-year-old Logan Nick has nightmares. "Sometimes, I dream my mommy went away," he says. "Sometimes, she sends me away." These dreams have recently begun to haunt Logan, though it has been nearly four years since his older sister, Morgan, then age six, was abducted from a small-town Arkansas ball field. "Logan at first had a difficult time understanding that I didn't misplace Morgan," his mother, Colleen, says, tears filling her eyes.

Colleen and Morgan, the eldest of her three children, were watching a Little League game together that night. She allowed Morgan to hunt fireflies with a group of children playing nearby. When the game ended, Colleen turned away for just a moment; when she looked back, Morgan was gone, apparently snatched from the parking lot.

Over the years, there have been about six thousand leads. The FBI and the communities of Alma and Ozark have a combined $60,000 reward for information leading to Morgan's rescue. Meanwhile, Colleen maintains an office in the back of a church in Alma for the Morgan Nick Foundation, supported by donations and grants. She also works as a consultant for the Department of Justice, giving talks to law-enforcement agencies on the impact of a missing child on the family.

Colleen insists that in her heart she knows Morgan is alive and will be found someday. All her work, she says, is a way to make a

Mark would be almost nineteen now. His mother hopes that he is alive—but fears that he isn't.

If you have any information about Morgan Nick, please contact the Alma, Arkansas, police department (501-632-3333) or the Arkansas State Police (501-783-5195).

CASE #3

Mark Himebaugh, Del Haven, New Jersey
Missing since November 25, 1991

Maureen Himebaugh has come a long way since the chilly fall day nearly eight years ago when eleven-year-old Mark, the younger of her two sons, mysteriously vanished. But on the front door of her coastal New Jersey home is a yellow ribbon that will come down only when Mark returns. Above the mantel is a poem Maureen wrote on the third anniversary of his disappearance.

The last time Maureen saw her son, he was on his way home from watching a fire that had broken out in the tall reeds by a dead-end street just a couple of blocks from home. That night, police found one of his sneakers.

Police initially thought Mark might have run away, possibly because of his parents' recent separation. But that wasn't like him—the sort of boy who always left a note for his mother if he was going to be away from home when she returned from work.

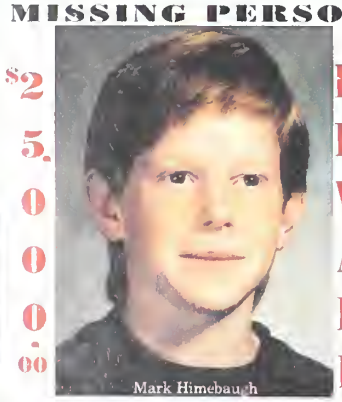
As months, and then years, went by, Maureen's life slowly fell back into place. Knowing she had to be strong for herself as well as her older son, Matthew, she returned to work and a semblance of a normal schedule. In recent months, she has found comfort in her work with Compassionate Friends, a support group for bereaved families.

Maureen refuses to rule out the possibility that Mark might walk throug the front door at any moment. Howeve she believes that he was probably take by a pedophile who molested and killed hi and she wants other parents to know th preteens are just as vulnerable as youn children to these predators. Her voice trembles as she says, "Even if I found o tomorrow that he had a terrible, terribl death, I would know in my heart that no can hurt him anymore. What I think of the good—how much love he gave me—i all I can do is move on." —Shana Al

If you have any information about M Himebaugh, please contact the Middle Township Police Department at 609-46 8700, or your local FBI. Sightings of th and other missing children can also be reported to the National Center for Missing and Exploited Children, at 800-843-5678.

Morgan was l seen emptyin sand from her shoe near ballpark





The U.S. Department of Justice's Offic of Juvenile Justice and Delinquency Prevention recently published *When Your Child Is Missing: A Family Survival Guide*, for parents of lost, kidnapped o runaway children. The guide was co-authored by seven family members wh have been through the ordeal, includin Colleen Nick.

To order copies, write to the Juvenil Justice Clearinghouse at P.O. Box 600 Rockville, MD 20849-6000 (or call 80 638-8736), and ask for document NCJ 170022. Requests can also be made b E-mail (*askncjrs@ncjrs.org*), and the document can be downloaded from the Web site: *http://www.ncjrs.org/jjmec.htm#170022.*

ELLE PFEIFFER

ued from page 170

he part," Pfeiffer says ruefully, not for as long and not without a rest." She laughs, adding, "My sters and I say, After you have a in a few months, you work your p to getting dressed. Then, after more months, you can start do- our hair. Maybe putting on ip a few times. But you never, et back to accessorizing."

keep herself equal to the dual nds of motherhood and a ca- she exercises with a restless vig- "I've tried yoga class, but one is all quiet, and I'm looking id and wondering, When does veat start?"

ides, to find inner peace, Pfeif- hes on a secret weapon. At a va- n house that is "so unperfect my can't wreck anything," the actress flown on the floor and plays with ids—and their toys. "To relax, I mething really mindless," Pfeif- onfides. "The joke is 'Mom's ng the Tinkertoy set again.'" ●

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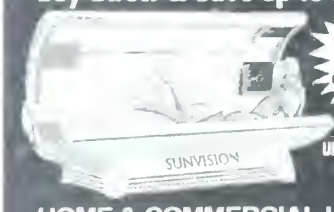
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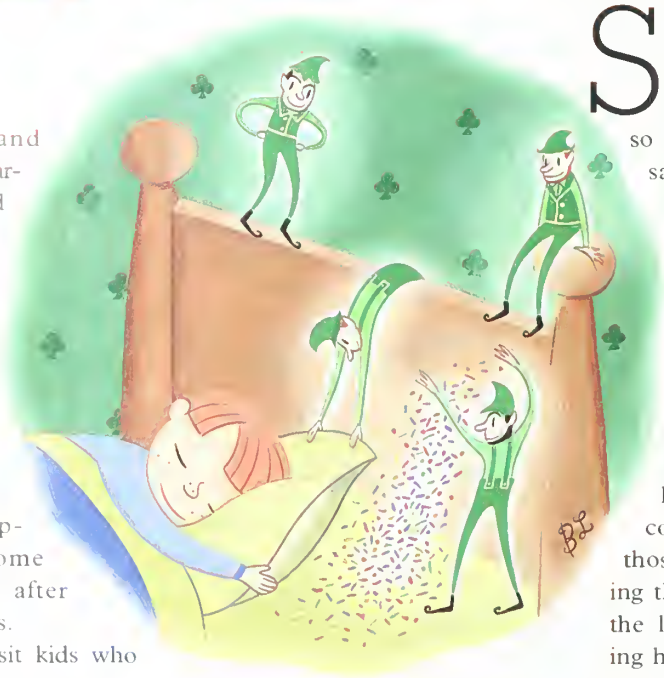
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A LEPRECHAUN STORY



I was already the Giant Bunny With Eggs. Now I had to be the Little Green Man With Confetti, too? By Peggie Cypher

It's one A.M., and thanks to a five-year-old girl named Molly, my husband is writing to the leprechauns. This started last March, when the leprechauns left some shiny green confetti under Molly's pillow, and my son, Neil, wanted some, too.

"When will the leprechauns leave me some confetti?" Neil asked, after viewing Molly's treasures.

"I think they only visit kids who are Irish," I said.

"But we *are* Irish," he replied.

"Well, maybe they only leave confetti to girls named Molly with mothers who have nothing better to do."

I'm not a mean mother, but I had no intention of playing leprechaun. I was already the Fat Man With Toys at Christmas, the Giant Bunny With Eggs at Easter, and I was soon to be the Nursemaid With Baby round-the-clock. I couldn't take on the Little Green Man With Confetti. Besides, the confetti would only end up on the bed, the couch and the floor, and, in our household, I also played the Overworked Lady With Vacuum Cleaner. Which is why my husband, Paul, is now writing the letters to the leprechauns.

Leaving letters was Neil's idea. He came up with it on March 18 at five-thirty A.M., while I was in labor. He bounded into our bedroom, completely ignoring me as I groaned in bed, and headed straight for Paul. "The leprechauns didn't come, Dad. We need to write a letter."

A few hours later, Neil's brother was born in a nearby hospital. My husband, a thoughtful guy, dashed out to a trendy gift shop and returned bearing a paper bag. "You'll never guess what I have," he said excitedly. A cute outfit for the baby, I thought. And maybe a brooch for me. "Look!" he said, pulling out a small container. "Confetti. Musical notes. Think Neil will like them?"

Neil was ecstatic. "The leprechauns came, Mom," he exclaimed, bypassing his new brother in the hospital room. "Look at these! Look!"

"Who knew leprechauns worked so hard after St. Patrick's Day?" I said casually to my husband a the end of March. "Especiall ones with newborn babies."

"Well, I just love seeing hi face light up," he replied.

Soon my husband was th county confetti expert. H combed every card and part store in a sixty-mile radiu for unique confetti. In April he came home with neon-colored palm trees. Neil loved those. Even more, he loved showing them off to Molly. Inexplicably the leprechauns had stopped visiting her house.

"Isn't it time the leprechauns returned to Ireland?" I asked. "Don't they deserve a break?" The following morning a letter told Neil that the leprechauns were going home. "Be a good boy for Mom and Dad," they advised.

Just when I thought we'd heard the last of the little green men, they made a surprise visit in May. "Just passing through," said the letter. Neil was thrilled. And as the confetti snob we raised him to be, he had a new request. "Write back and tell them to surprise me with some new kind. Okay, Dad?"

Paul did forget. Which is why he is writing the letter now at one A.M. "Dear Little Boy, We didn't bring any confetti, but here are some chocolate coins instead. We have to go on a long trip, but we'll see you next year on St. Patrick's Day."

"Next year? What'll they bring then?" I asked.

"You'll see," my husband replied with a smile.

I wonder if I can interest him in playing the Fat Man With Toys. ●

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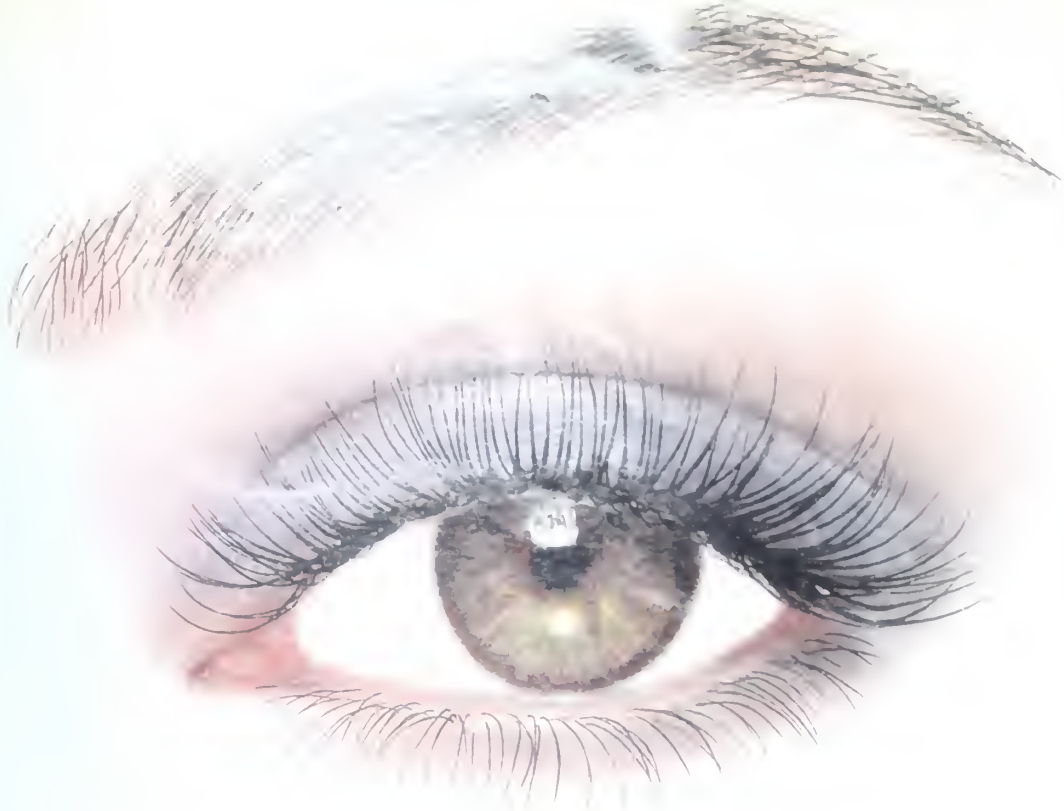
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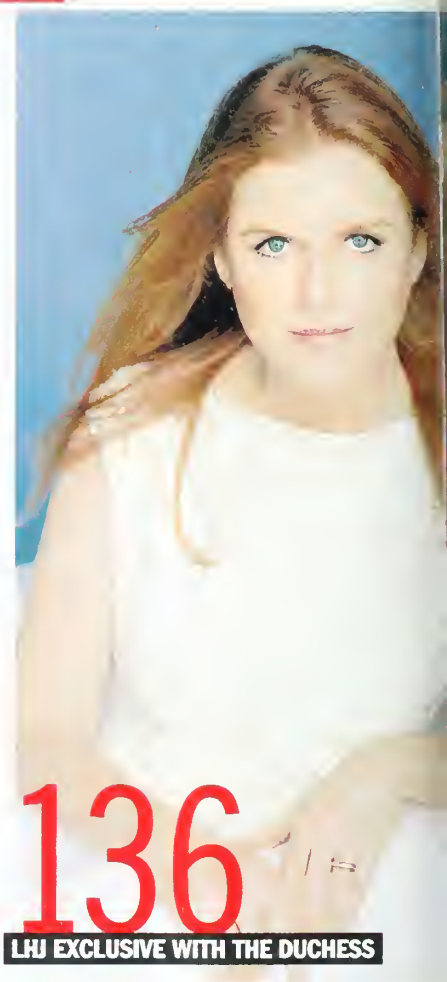
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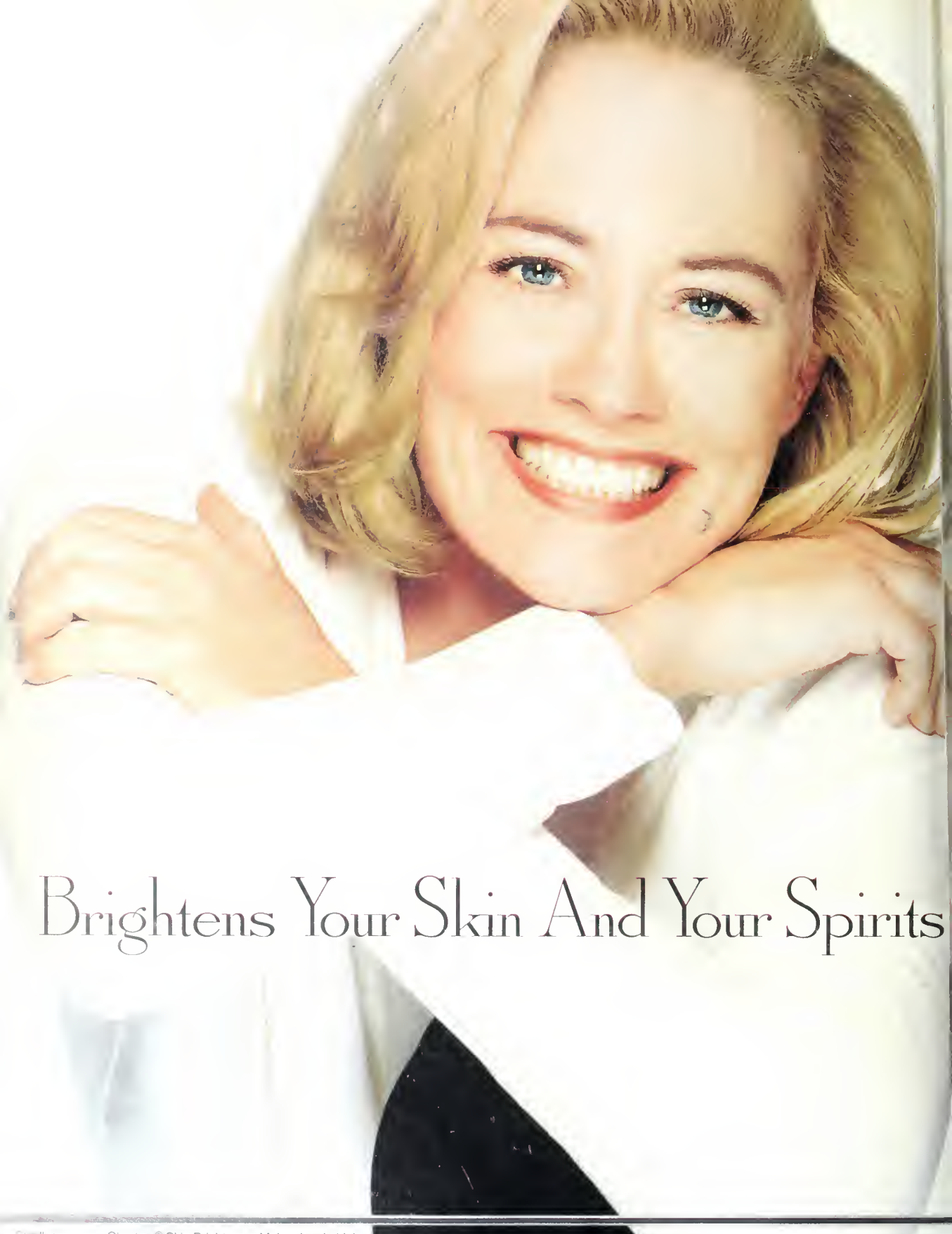
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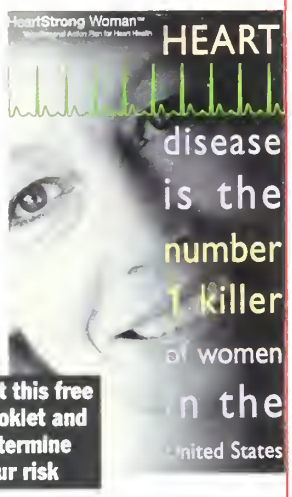

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HEART TO HEART



There are two articles in this issue that touch on the subject of heart disease. In both "Beat Your Risk Factors" and "When Your Heart Races," we report on various aspects of cardiovascular disease. We think this is such an important topic because most women—and men—don't know that heart disease is the number one killer of women. In fact, in every year since 1984, cardiovascular disease has claimed the lives of more females than males. Even some doctors are surprised by these statistics.

There are some other facts about heart disease that most of us are dangerously ignorant about, too. For example, did you know that 35 percent of heart attacks in women go unnoticed or unreported? This is partly because some women and their doctors don't always take heart-disease symptoms seriously, and partly because women's symptoms are sometimes more subtle than men's.



Many women go to the doctor only when they are having a gynecological checkup. That's why The American College of Obstetricians and Gynecologists (ACOG) and Bayer have undertaken a program to help educate women about heart disease. ACOG has distributed nearly a million HeartStrong Women brochures to OB-GYN offices nationwide. The booklet includes a self-test to help you assess your own risk of cardiovascular disease. For free booklets for you, your friends and co-workers, call 888-567-0595.

Besides more information about heart disease, I also think women who have had heart problems need more support than they are now getting. A friend of mine who had a heart attack a couple of years ago was surprised to find that there was not one support group for women with cardiovascular disease in New York City. Nowadays, when there are so many groups all over the country for women coping with all sorts of physical and emotional problems, isn't it amazing that women who are victims of the number-one killer of females are still made to feel so alone?

MYRNA BLYTH
Editor-in-Chief

100 Most Important WOMEN



TRUTH IS NEVER SILENT
Rachel Carson
1907–1964

Rachel Carson—writer, scientist, conservationist—can be credited with founding the modern environmental movement. *Silent Spring*, her damning 1962 study on the deadly effects of certain chemical pesticides on fish, bird and human populations, changed forever our assumption that the destruction of the natural world was an acceptable sacrifice for the greater good of technological progress.

As the evidence against DDT mounted in the fifties, Carson was impelled by conscience to put aside her work as a government marine biologist and speak out against industrial irresponsibility. Gravely ill with bone cancer and the target of an ugly smear campaign by the agricultural chemical industry, Carson persevered with tremendous dignity and courage, defending her research, gaining converts and testifying before a federal scientific advisory committee created by President Kennedy. (The committee ultimately endorsed her findings.) Carson died in 1964—eight years before the U.S. government finally banned DDT.

contributors



Charlotte Libov

As a journalist specializing in women's health, Libov knows that "a lot of women are unnecessarily alarmed about life-threatening illnesses." She wrote her book *Beat Your Risk Factors* (excerpted on page 86) to help women assess—and lower—their real risk of major diseases.

Jenny Deam

Freelance writer Deam was having difficulties getting her infant son to sleep, so a friend suggested a popular parenting book by minister Gary Ezzo. His "parent-centered" method, Deam later discovered, is extremely controversial. She investigates in "Babies in Danger?" on page 102.





Arthur Belebeau

French photographer Belebeau always loves to do beauty and fashion shoots because, he says, "even a guy can learn a lot from these stories." The results of his latest learning experience appear in "Spring Breaks" on page 140. His work has also appeared in *Cosmopolitan*.

Dianne Hales

"It's important for women to learn about our uniqueness," says contributing editor Hales. Her report, "When Your Heart Races" (page 74), explains how arrhythmias are especially common in females. Hales is also the author of *Just Like a Woman* (Bantam, 1999), a book on gender and medicine.





Mary C. Hickey

While researching women's roles in the workforce, Hickey discovered that "companies are finally beginning to realize that to keep female employees, they need to listen to their demands." Her special report, "How Women Have Changed the Workplace," is on page 60.

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"HE'S A SEX THERAPIST, BUT HE TURNS ME OFF"

Bill thought he was doing everything right both in and out of bed—until Nancy asked him for a divorce.

By Margery D. Rosen

NANCY'S TURN

"I always thought of myself as very passionate," said Nancy, forty-five, a striking woman married for twenty years, who works part-time in a nursery school. "And sex with Bill was great when we were first married. But that seems like a distant memory now. When we make love, I pretend I'm really into it, when, in fact, I have no desire anymore. Ironically, Bill is a sex therapist who has built a huge practice helping other couples solve their marital problems.

"I feel very bad about our sex life. I can't explain why, but over the years, I've lost interest. I suppose I should be happy that my husband still desires me, but I have this overwhelming feeling that he only wants to satisfy his needs. What about mine?

"Of course, until last week, when I dropped the bombshell and told Bill I'd seen a lawyer about a divorce, I doubt he realized I was this unhappy. I've never been good at saying what's on my mind. I grew up in a very sheltered, practically silent home. My mother was submissive, and anything Dad, a college professor, said was carved in stone.

"As a child, I had rheumatic fever, which kept me out of school until sixth grade. My parents doted on me to the point that I had no privacy. Since I spent more time with doctors, nurses and visiting teachers than with kids my own age, I had few friends.

"By the time I hit puberty, though, and was physically stronger, I became rebellious. I'd sneak out of the house to smoke and drink, and I'd stay out late on weekends. I think my attitude was one of the reasons Bill was attracted to me in high school. He was the class brain, and he couldn't believe I'd actually go out with him. We were a real odd couple, but the chemistry between us was powerful.

"I had no intention of settling down with one guy, but over the years, Bill stayed in the picture, and I always knew I could turn to him. He was so smart and responsible, far beyond his years; at fourteen he acted like he was forty. Most of all, Bill really paid attention to me.

"We finally got married while we were in grad school—Bill was in medical school, becoming a psychiatrist, and I was studying early-childhood education. I planned to work full-time, but I had our children not long after I got my degree—Alyssa is now a college sophomore, and Jessica *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple facing the wife's dwindling sexual desire, is based on interviews with clients and information from the files of Susan Heitler, Ph.D., a psychologist in private practice in Denver, Colorado, and author of *The Power of Two* (New Harbinger, 1997). The story told here is true, although names and other details have been changed to conceal identities.



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is a senior in high school. I've done enough substitute teaching, though, to feel that I've kept my hand in.

"I'm still not sure where our marriage went so wrong. I think part of it is that Bill is very critical and subtly disparaging. A few months ago, we had friends over for dinner and all of us were discussing politics. Every time I offered my opinion, Bill contradicted it. Still, it didn't dawn on me until my good friend Joan, who was helping me clear the dishes, pointed it out.

"Eventually, I started noticing that Bill's voice was often tinged with annoyance or anger when he addressed me, whether I failed to make coffee in the morning or didn't rewind a rental video before returning it. God forbid I don't mail the bill payments the day I'm supposed to. His father was the same way.

"Not only that, there isn't a drop of romance in our relationship—no kiss good night, no hugs good-bye in the morning. I haven't been turned on by my husband sexually for at least ten years. It's not that Bill's a bad lover—he makes all the right moves—but my body doesn't respond the way it used to. Yet Bill is oblivious, and I don't want to live like this anymore.

"Two months ago, I decided to contact the lawyer who handled Joan's divorce. The lawyer persuaded me to seek counseling first, and I agreed. I'd like to save the marriage, but if I can't, I want to be strong enough to make it on my own."

BILL'S TURN

To say I'm in shock would be putting it mildly," said Bill, forty-six, a handsome man whose voice was quiet but authoritative. "Nancy's announcement caught me totally by surprise. She never once gave me any indication that she was this unhappy. Our problems never seemed out of the ordinary, and certainly not marriage-threatening. Is this some kind of attention-getting maneuver?

"Yes, Nancy would often pull away from me and grow distant, but she never expressed any of the complaints she's telling you now, and we never stopped having sex. I can't help thinking that she's being coached by her friend Joan, who's in the middle of a nasty custody battle and is very down on men in general.

"Frankly, I don't know why Nancy's so upset. She knows that in my family, we argued and yelled and got things off our chests. Now she seems to think that I'm some kind of tyrant. Nothing could be further from the truth. As a therapist, I know how important it is to speak up when you have concerns.

"It's true that my dad had a hot temper and very strong opinions, but I admired him tremendously. He was a self-made man, very smart, quick-witted and articulate. I didn't see him much, though; as a salesman, he was away most of the time, and my mom, a part-time secretary, never seemed to be able to get it together. I was pretty much in charge of my three younger siblings—getting them ready for school, solving their problems.

"Nancy caught my eye months before she ever noticed me. I think the fact that we were opposites added to the attraction. By the time I began medical school, I knew I wanted to spend the rest of my life with her. Though we hadn't planned on starting a family so soon, we both were pleased when Alyssa was born. We loved each other and thought our future looked great.

"I have to say, though, that over the years I've gotten annoyed at how easily flustered and fragile Nancy has become. I guess in the beginning, I liked to think of myself as the strong guy she could lean on, but now I don't like her being so needy and dependent.

"Maybe I should have been more sensitive and picked up on her dissatisfaction, but I'm not a mind reader. And maybe I am too critical, but Nancy *is* lax about our finances. I don't think it's expecting too much to ask her to pay the bills on time.

"The sexual part is particularly stunning. I certainly never meant to appear demanding or selfish about my needs. When we make love, Nancy always seems to enjoy herself. I guess she must be a pretty good actress.

"Look, I love her and I want to commit to working on our marriage. If I've been a jerk, I'm really sorry. I don't see why we can't fix what's wrong."

THE COUNSELOR'S TURN

Loss of sexual desire is the most common form of sexual dysfunction today," said the counselor. "But the reasons for that loss are as varied as the couples it affects. In most cases, sexual problems aren't about sex at all, but about conflict in other areas.

"Yet sex is such a sensitive topic that even the most savvy couples rarely confront it directly. Instead, one or both partners often shut down sexually and hope that the troubles will clear up.

"Nancy was *(continued on page 29)*



LHJ BOOK BAG

Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome their problems. The 352-page softcover book is offered by a special arrangement with Workman Publishing. To order, indicate how many books you would like and send a check or money order for $14.95 per book to *Ladies' Home Journal*® Resources, Dept. L0499, P.O. Box 9381, Des Moines, IA 50306-9381. To use your Visa, MasterCard or Discover Card, call 800-763-6393. (Price includes shipping, handling and applicable sales tax.)

At Ford, we always listen to our mothers.



In fact, 30 of the 1999 Windstar Product Development Team members happen to be moms.

Sure, they know torque converters. But they also know diapers, infant seats and juice boxes.

And, because they know a thing or two about security blankets, you'll find that Windstar is the only minivan to earn a five-star government front crash test rating ★★★★★ five years in a row. And their innovative thinking made Windstar just about as family-friendly as a minivan can be. After all, mother knows best.

New Ford Windstar

Available conversation mirror Diaper sized storage bin New available side impact airbags
New available dual remote power sliding doors Available "sleeping baby mode" lights
New available Reverse Sensing system alerts driver to certain objects while backing up slowly

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s wear your safety belt and secure children properly.

Fine Wrinkles? Brown Spots? Roughness?

Ask Your Dermatologist About Renova®, From The Makers Of Retin-A®.

RENOVA, WITH A TOTAL SKIN CARE PROGRAM, WORKS.

When sunscreens and moisturizers are not enough, ask your doctors about adding RENOVA. RENOVA is unlike any cosmetic wrinkle cream. It is a prescription cream that is proven to work when used in combination with a total skin care program including sunscreens and protective clothing.

Because RENOVA is a prescription cream, you won't find it on any cosmetic shelf, you'll need to see your doctor. And while it won't work overnight, it can work for you.

HOW RENOVA AND RETIN-A ARE THE SAME. AND DIFFERENT.

RENOVA is a rich emollient cream whose active ingredient is a vitamin A derivative like the one naturally occurring in your body. It's called Tretinoin. The same active ingredient in RETIN-A.

But while RETIN-A is formulated for acne-prone skin, RENOVA is a rich emollient cream developed to treat fine wrinkles, brown spots, and surface texture. Leaving your skin with a softer, smoother texture. While not fully understood, researchers believe RENOVA works in the skin to reduce these signs of sun damage.

Like other prescription medications, RENOV has been tested for safety and effectiveness. Whi will *not* eliminate wrinkles, repair sun damaged s or reverse the aging process, it is proven to *reduc* fine wrinkles, *fade* brown spots, and *smooth* roug ness.

When you use RENOVA, you can expect to experience some redness, itching, or flaking. This most often mild, and most common when treatm is started. When using RENOVA, or any cosmeti wrinkle cream, you should limit exposure to the and always use a sunscreen.

RENOVA is not appropriate for everyone, so talk to your doctor if you are on other medicatio pregnant or nursing. See attached information fo further explanation on who should or should not use RENOVA. RENOVA is a skin irritant. Results use beyond 48 weeks have not been established i controlled clinical trials. Clinical trials in those ov 50 or with moderately or heavily pigmented skin have not been conducted.

Call today for your FREE information k and $10 savings.

1-800-64-RENOVA

www.wrinklereport.com

Fine Wrinkles

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents minimal improvement. 64% of patients experienced either minimal(40%) or moderate(24%) improvement. 36% experienced no improvement.

Brown Spots

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents moderate improvement. 65% of patients experienced either moderate(38%) or minimal(27%) improvement. 35% experienced no improvement.

See following page for important information. *© OPC 1999 04DD3086*

RENOVA®

(tretinoin emollient cream) 0.05%



RENOVA®
(TRETINOIN EMOLLIENT CREAM)
0.05%

RENOVA® (re-NO-vah)
Generic Name: Tretinoin Emollient Cream (0.05%)
FOR TOPICAL USE ON THE FACE ONLY

Patient Information

What is the Most Important Information about RENOVA?

RENOVA is a prescription medication that does not eliminate wrinkles or repair sun-damaged skin. It may help treat fine wrinkles, spotty discoloration, and rough feeling skin, but it does not "cure" these conditions. RENOVA may help treat the appearance of your health care provider as part of a broad skin care program. This [illegible] not sunlight (by using protective clothing and sunscreens with a minimum [illegible] moisturizing facial creams that do not contain tretinoin.

[illegible] at bedtime. Do not use drying skin care products. Use the smallest amount of [illegible] it in your eyes, ears, nose or mouth.

WARNING: Do not use RENOVA if you are pregnant or attempting to become pregnant. Avoid sunlight and any other medicines that may increase your sensitivity to sunlight (see below).

[illegible] studied in people who are over 50 years of age or in people with moderately or darkly [illegible]

What is RENOVA?
(WHAT CAN I EXPECT FROM RENOVA?)

RENOVA is a prescription medication that may help treat but will not "cure" fine wrinkles, spotty skin discoloration, and rough feeling skin.

Studies show that after 24 weeks, about 30% of the people who used RENOVA for fine wrinkles or spotty [illegible] had moderate improvement, another 35% had minimal improvement and 35% had no improvement. [illegible] the people who used RENOVA for rough skin had moderate improvement, 35% had minimal improvement, and 49% had no improvement. There is no evidence that RENOVA treats coarse skin, deep wrinkles, yellowing skin, or other skin care problems.

RENOVA should be used as part of a broad skin care program. This program should include avoiding direct sunlight by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing [illegible] creams that do not contain tretinoin. Many people can achieve desired effects by using this program without using RENOVA. You should not use RENOVA until you have tried a broad skin treatment program without RENOVA.

When you use RENOVA, improvement in fine wrinkling, spotty skin discoloration and rough skin is not immediate but occurs gradually over time. Generally, you may notice some effects in 3 to 4 months. The effects are usually [illegible] noticeable at about 6 months with little additional improvement after that time. If RENOVA treatment is stopped, the improvement will gradually diminish.

The safety of using RENOVA daily for more than 48 weeks has not been established.

Who Should Not Use RENOVA?

You should not use RENOVA if you are sunburned or highly sensitive to the sun, if you have eczema, or if your skin is irritated. RENOVA can cause increased skin irritation and increased susceptibility to sunburn.

Since RENOVA may make your skin more sensitive to sunlight, you should tell your health care professional if you are also using other medicines that increase sensitivity to sunlight because you should not be using RENOVA with these medicines. These include but are not limited to: thiazides (used to treat high blood pressure), tetracyclines, fluoroquinolones or sulfonamides (used to treat infection), and phenothiazines (used to treat serious emotional problems). If you are taking any prescription medicines, non-prescription medicines or using any facial creams, check with a health care professional to make sure they do not interact with RENOVA.

Pregnancy Warning: Safe use during pregnancy has not been shown. There are reports of birth defects with laboratory animals and humans that were given tretinoin by mouth. You should not use RENOVA if you are pregnant or trying to become pregnant.

It is not known if RENOVA is passed to infants through breast milk. Safe use in children has not been shown.

The safety and effectiveness of RENOVA for people over age 50 or with darker skin coloration has not been proven.

How Should I Use RENOVA?

You should apply RENOVA to your face once a day before retiring using only enough to cover the entire affected area lightly. Gently wash your face with a mild soap, pat the skin dry, and wait 20 to 30 minutes before applying RENOVA. Apply a pea-sized amount of cream to cover your entire face. You may feel a warmth or slight stinging when RENOVA is first applied.

You must be especially careful when applying the cream to avoid your eyes, ears, nostrils, or mouth. RENOVA may cause severe redness, itching, burning, stinging, and peeling if applied to these areas.

Using larger than necessary amounts of RENOVA will not speed results and can cause an overdose. An overdose can result in red and peeling skin as well as some pain or discomfort.

You may use cosmetics after applying RENOVA. Make sure to clean your face thoroughly before applying RENOVA again.

What Should I Avoid While Using RENOVA?

RENOVA increases your sensitivity to sunlight. Avoid sunlight as much as possible. Use protective clothing and a sunscreen with a minimum SPF of 15. Do not sunbathe or use sunlamps. If you are sensitive to sunlight or have a job that requires you to be out in the sun for long periods, you must use extreme caution.

While using RENOVA, avoid any products that can dry or irritate the skin. For example, avoid products applied to the skin that contain alcohol, spices, or lime. Also, avoid cleansers, hair removal, or other products that can irritate the skin.

What Are the Possible Side Effects of RENOVA?

The most common side effects are skin reactions. Itching, red, and dry skin have been reported. So have burning, tingling, and peeling skin. These are most often mild and are most common when treatment is started.

How Can I Get Additional Information?

This leaflet summarizes the most important information about RENOVA. If you would like more information, talk to your doctor or other health care provider. There is also a leaflet written for health professionals that your pharmacist can provide for you.

ORTHO

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey 08869

[illegible] Revised February 1998 653-1[illegible]870-5P
[illegible] International: 1-46-4-423-041 and 1-4-877-805

Retin-A
(tretinoin)

Cream · Gel · Liquid
For Topical Use Only

PATIENT INSTRUCTIONS
Acne Treatment
IMPORTANT
Read Directions Carefully Before Using

[illegible] LET [illegible] YOU ABOUT RETIN-A (TRETINOIN) ACNE TREATMENT AS PRESCRIBED BY [illegible] PHYSICIAN. THIS PRODUCT IS TO BE USED ONLY ACCORDING TO YOUR DOCTOR'S [illegible] INS AND IT SHOULD NOT BE APPLIED TO OTHER AREAS OF THE BODY OR TO OTHER

GROWTHS OR LESIONS. THE LONG-TERM SAFETY AND EFFECTIVENESS OF THIS PRODUCT OTHER DISORDERS HAVE NOT BEEN EVALUATED. IF YOU HAVE ANY QUESTIONS, BE SURE TO YOUR DOCTOR.

WARNINGS AND PRECAUTIONS

The effects of the sun on your skin. As you know, overexposure to natural sunlight or the artificial sunlight of a sunlamp can cause sunburn. Overexposure to the sun over many years may cause premature aging of the skin and even skin cancer. The chance of these effects occurring will vary depending on skin type heredity and the care taken to avoid overexposure to the sun. Therapy with RETIN-A may make you skin more susceptible to sunburn and other adverse effects of the sun, so unprotected exposure to natural or artificial sunlight should be minimized.

Laboratory findings. *When laboratory mice are exposed to artificial sunlight, they often develop skin tumors. These sunlight-induced tumors may appear more quickly and in greater number if the mice are topically treated with the active ingredient in RETIN-A, tretinoin. In some studies, under different conditions however, when mice treated with tretinoin were exposed to artificial sunlight, the incidence and rate of development of skin tumors was reduced. There is no evidence to date that tretinoin alone will cause development of skin tumors in either laboratory animals or humans. However, investigations in this area are continuing.*

Use caution in the sun. When outside, even on hazy days, areas treated with RETIN-A should be protected. An effective sunscreen should be used any time you are outside (consult your physician for a recommendation of an SPF level which will provide you with the necessary high level of protection). For extended exposure, protective clothing, like a hat, should be worn. Do not use artificial sunlamps while you are using RETIN-A. If you do become sunburned, stop your therapy with RETIN-A until your skin has recovered.

Avoid excessive exposure to wind or cold. Extremes of climate tend to dry or burn normal skin. Skin treated with RETIN-A may be more vulnerable to these extremes. Your physician can recommend ways to manage your acne treatment under such conditions.

Possible problems. The skin of certain sensitive individuals may become excessively red, swollen, blistered or crusted. If you are experiencing severe or persistent irritation, discontinue the use of RETIN-A and consult your physician.

There have been reports that, in some patients, areas treated with RETIN-A developed a temporary increase or decrease in the amount of skin pigment (color) present. The pigment in these areas returned to normal either when the skin was allowed to adjust to RETIN-A or therapy was discontinued.

Use other medication only on your physician's advice. Only your physician knows which other medications may be helpful during treatment and will recommend them to you if necessary. Follow the physician's instructions carefully. In addition, you should avoid preparations that may dry or irritate your skin. Such preparations may include certain astringents, toiletries containing alcohol, spices or lime, or certain medicated soaps, shampoos and hair permanent solutions. Do not allow anyone else to use this medication.

Do not use other medications with RETIN-A which are not recommended by your doctor. The medications you have used in the past might cause unnecessary redness or peeling.

If you are pregnant, think you are pregnant or are nursing an infant: No studies have been done in humans to establish the safety of RETIN-A in pregnant women. If you are pregnant, think you are planning or are nursing a baby, consult your physician before using this medication.

GELS ARE FLAMMABLE. Note: Keep away from heat and flame. Keep tube tightly closed.

AND WHILE YOU'RE ON RETIN-A THERAPY

Use a mild, non-medicated soap. Avoid frequent washings and harsh scrubbing. Acne isn't caused by dirt, no matter how hard you scrub, you can't wash it away. Washing too frequently or scrubbing too roughly can at times actually make your acne worse. Wash your skin gently with a mild, bland soap. Two or three times a day should be sufficient. Pat skin dry with a towel. Let the face dry 20 to 30 minutes before applying RETIN-A. Remember, excessive irritation such as rubbing, too much washing, use of other medications not suggested by your physician, etc., may worsen your acne.

HOW TO USE RETIN-A (TRETINOIN)

To get the best results with RETIN-A therapy, it is necessary to use it properly. Forget about the instructions given for other products and the advice of friends. Just stick to the special plan your doctor has laid out for you and be patient. Remember, when RETIN-A is *used properly*, many users see improvement by two weeks. AGAIN, FOLLOW INSTRUCTIONS – BE PATIENT – DON'T START AND STOP THERAPY ON YOUR OWN. IF YOU HAVE QUESTIONS, ASK YOUR DOCTOR.

To help you use the medication correctly, keep these simple instructions in mind:



- Apply RETIN-A once daily before bedtime, or as directed by your physician. Your physician may advise, especially if your skin is sensitive, that you start your therapy by applying RETIN-A every other night. First, wash with a mild soap and dry your skin gently. WAIT 20 to 30 MINUTES BEFORE APPLYING MEDICATION. It is important for skin to be completely dry in order to minimize possible irritation.
- It is better not to use more than the amount suggested by your physician or to apply more frequently than instructed. Too much may irritate the skin, waste medication and won't give faster or better results.
- Keep the medication away from the corners of the nose, mouth, eyes and open wounds. *Spread away from these areas when applying.*
- *Cream.* Squeeze about a half inch or less of medication onto fingertip. While that should be enough for your whole face, after you have some experience with the medication you may find you need slightly more or less to do the job. The medication should become invisible almost immediately. If it is still visible, you are using too much. Cover the affected area lightly with RETIN-A (tretinoin) Cream by first dabbing it on your forehead, chin and both cheeks, then spreading it over the entire affected area. Smooth gently into the skin.
- *Gel.* Squeeze about a half inch or less of medication onto the fingertip. While that should be enough for your whole face, after you have some experience with the medication you may find you need slightly more or less to do the job. The medication should become invisible almost immediately. If it is still visible, dry flaking occurs from the gel **within a minute or so,** you are using too much. Cover the affected area lightly with RETIN-A (tretinoin) Gel by first dabbing it on your forehead, chin and both cheeks, then spreading it over the entire affected area. Smooth gently into the skin.
- *Liquid.* RETIN-A (tretinoin) Liquid may be applied to the skin where acne lesions appear, spreading the medication over the entire affected area, using a fingertip, gauze pad, or cotton swab. If gauze or cotton is employed, care should be taken not to oversaturate it to the extent that the liquid would run into areas where treatment is not intended (such as corners of the mouth, eyes, and nose).
- It is recommended that you apply a moisturizer or a moisturizer with sunscreen that will not aggravate acne (noncomedogenic) every morning after you wash.

WHAT TO EXPECT WITH YOUR NEW TREATMENT

RETIN-A works deep inside your skin and this takes time. You cannot make RETIN-A work any faster by applying more than one dose each day, but an excess amount of RETIN-A may irritate your skin. Be patient.

There may be some discomfort or peeling during the early days of treatment. Some patients also notice their skin begins to take on a blush.

These reactions do not happen to everyone. If they do, it is just your skin adjusting to RETIN-A. This usually subsides within two to four weeks. These reactions can usually be minimized by following instructions carefully. Should the effects become excessively troublesome, consult your doctor.

BY THREE TO SIX WEEKS, some patients notice an appearance of new blemishes (papules and pustules). At this stage it is *important to continue* using RETIN-A.

If RETIN-A is going to have a beneficial effect for you, you should notice a continued improvement in appearance after 6 to 12 weeks of therapy. Don't be discouraged if you see no immediate improvement. Do not stop treatment at the first signs of improvement.

Once your acne is under control you should continue regular application of RETIN-A until your physician instructs otherwise.

IF YOU HAVE QUESTIONS

All questions of a medical nature should be taken up with your doctor. For more information about RETIN-A (tretinoin), call our toll-free number 800-426-7762 Call between 9:00 a.m. and 3:00 p.m. Eastern Time, Monday through Friday.

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION

Continued from page 24

furious with Bill and had been for a long time, though for years she was too insecure to admit it. So she withdrew from him emotionally. As this vital connection was slowly severed, she started to withdraw physically, too, until she finally gave up on her marriage.

"I was struck by the asymmetry in this couple's natures and styles of communication. Nancy frequently turned to Bill to complete a thought or approve a statement, and it was clear that she tended not to take initiative in their dialogue, their activities or their sex life.

"Though highly accomplished at dealing with other couples' behavior and marriages, Bill had blinders on when it came to his own. A genuinely well-meaning man, he was shocked to discover that there was much tension between them at all.

"Like many firstborns, Bill had been thrust into the role of responsible parent. But he also followed the pattern he saw in his father, a man with a fierce temper who routinely voiced his belittling opinions.

"During one dramatic session, when Bill finally realized how hurtful his father's sarcasm and rages had been for everyone in his family, he began to cry. This was a watershed moment: From that point on, Bill worked hard at listening to Nancy without rushing to contradict her. He also learned to consider his comments and his tone of voice before he spoke so it didn't sound as if he was attacking her.

"To curb his habit of trespassing on Nancy's feelings, Bill kept a notebook of all the times he spoke for his wife. This made him less inclined to tell her what to do or think, and in turn Nancy felt respected and appreciated again.

"However, I also sensed that Bill was disappointed that the vibrant, fun-loving woman he had married had evolved into a passive wife. The more he took on the directing role, the more Nancy felt an unhealthy dependence on him, and vice versa.

"I suspected that Nancy was subconsciously identifying with her mother, who had been childlike, shy and inhibited. Not surprisingly, Nancy looked to Bill to be the grown-up in her marriage, allowing him to do the decision-making.

"What's more, Nancy grew up thinking she had to hide her feelings and actions from her overinvolved parents in order to be her own person. As an adult, she continued this secrecy, preferring to confide in a few close girlfriends while failing to tell Bill that his behavior left her feeling powerless and unloved. 'You have to make your wishes known,' I emphasized to Nancy. 'Just say them—but to Bill, not to Joan.'

"I suggested that she also keep a record of the times she stated exactly how she felt or what she wanted—from her opinion of a movie that Bill didn't like to her wish to relax with a glass of wine in the evening before fixing dinner. As a result, Nancy became less inhibited and more like an equal player in her marriage.

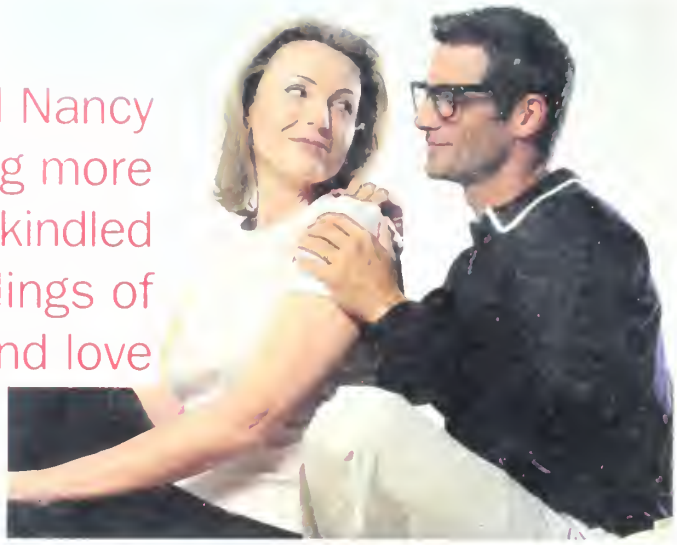
"Reestablishing a mutually satisfying sex life took time and work. Nancy didn't understand that during the course of a marriage, initial arousal naturally decreases. When she was no longer turned on by her husband's advances, she thought there was something wrong with her. This anxiety, and her anger at Bill, further eroded her ability to become aroused.

I encouraged Nancy to take more responsibility for her sexual readiness. 'Just because you have to kick start your sex drive doesn't mean you're any less attracted to your husband, or that you're a sexual failure,' I said. So she started going for walks every morning—which helped her relax and feel more in touch with her body—and pampering herself more often by taking a leisurely bath or listening to music. Sensual rituals like wearing sexy lingerie and fantasizing about sex during the day made Nancy more interested and involved in lovemaking.

"It's important for couples to touch at times other than during sex, so Bill and Nancy began cuddling more often and exchanging hugs and kisses throughout the day, which reaffirmed their feelings of connection and love.

"These two ended counseling after three months. Nancy feels much more comfortable with herself and in her marriage—and Bill no longer takes his professional knowledge for granted. As he admitted to me at our final session, 'I think this was a case of the shoemaker's children having no shoes.'" ●

Bill and Nancy began cuddling more often, which rekindled their feelings of connection and love





HOLD THE SCISSORS

Models and celebs are going to great lengths with their hair. Former chin-length cutters Calista Flockhart and Gwyneth Paltrow are now sporting past-the-shoulder looks. According to stylist Laurent D., of Privé Salon in NYC and L.A., who tends the coifs of Elisabeth Shue and Teri Hatcher, the trend started on spring's fashion runways, where model after model took her locks to the limit with waist-length extensions. If you want to get growing, don't forgo regular, minimal trims to lop off dead ends and help hair shape up faster.

Lauren Holly



Gwyneth Paltrow



Bridget Fonda

fit for the future

"If the shoulder were an inch or two wider . . . the waist just a tad higher . . . "—phrases like these, uttered in dressing rooms again and again, may soon be heard no more. Major apparel companies have teamed with the U.S. Air Force to use its laser-scan technology to manufacture better-fitting clothes. How? The technology can produce a three-dimensional scan of the body—with every unique detail and curve accounted for. Ultimately, your personal body scan information may be stored on a "smart-card" you shop with, allowing stores to create a perfect-fitting customized wardrobe for you.

YUMMY BEAUTY



Mango, coconut, lime, avocado may read like the list you take to the grocery store's produce section, but it's also now the roster of ingredients you'll find in many beauty staples, such as masks, body washes and antiwrinkle creams. What's good for your skin type? Look for products with extracts of sugarcane and tomato—which contain natural AHAs—to smooth rough, scaly skin; crushed apricot and mango seeds are often used as exfoliants in facial scrubs. If your sensitive skin is a little red and puffy, reach for a cleanser with the cooling, soothing power of cucumber. Or for thirsty skin, try a cream containing nature's vitamin-rich moisturizer, the avocado.



Life builds character. Dove softens it.



Softens as it cleans

Something happens when you wash with Dove. It keeps you feeling soft the way soap never could. Dove's 1/4 moisturizing lotion works with your skin to bring out its own natural softness, reveal your own true beauty. The beauty that grew right along with you.

Dove

For the beauty that's already there

www.dove.com



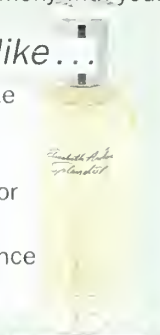
BODY BAGS

First it was the hiker's backpack; then came the fanny pack. In an attempt to lighten our load and reduce stress on our shoulders, designers are streamlining traditional, larger totes into body-contoured carryalls. But do the latest—the waist bag (left) and the arm pack—make for stress-free toting? Two women conducted a real-life road test: Abby McDonough, 29: "I wore an arm pack around my left bicep while doing errands. It was nice to have my hands free, but it was awkward reaching up to get what I needed." Gwen Marcusson, 32: "The idea of a waist bag was appealing to me. It allowed me to keep my belongings close to me and freed up my arms to carry my baby."

COMMON SCENTS

Keep your beauty products from competing in an aroma showdown: Below, shampoos that live in harmony with your favorite fragrance

If you like...	*you'll love...*
Exotics like Elizabeth Arden Splendor or Givenchy Extravagance d'Amarige	White Rain Exotics Lotus Petal, Pantene Pro-V or Halsa Herbal Shampoo
Citrus scents like Chanel Cristalle, Gucci Envy or Bobbi Brown's bobbi	Freeman Citrus, Pert Plus or Matrix Volumizing Shampoo
A fruity floral like Estée Lauder dazzling gold, Banana Republic modern or CKone	Salon Selectives Melon Rose, Aussie Skip-a-Step or Clairol Herbal Essences Shampoo





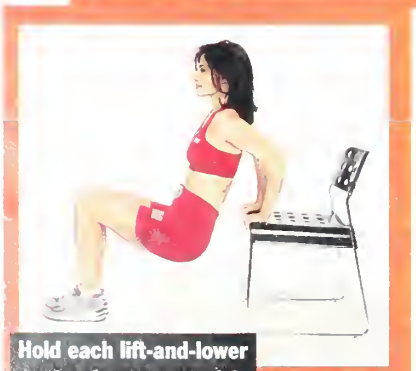


MOVE OF THE MONTH

We enlisted Maria Rudes, an L.A.-based personal trainer known for buffing up Winona Ryder for the action film *Alien Resurrection*, to give us an arm-strengthening dip to get your triceps tank-top-tough for summer's arm-baring fashions. To do: Sit on the edge of a bench or chair, arms at your side, palms facing down, shoulder-width apart. Bend legs in front of you. Lift and lower weight of body using arms. Start with one set of 15 repetitions and increase to two or three sets over time.



Keep your stomach in



Hold each lift-and-lower motion for a count of 2



December 24, 1998

To whom it may concern:

In February 1997, I weighed 195 pounds and was size 22. I really wanted to have enough energy to keep up with a full-time elementary teaching position and a very active 2-year-old. I also wished I could wear shorts and career clothes without feeling so uncomfortable and fat.

I began the Slim-Fast Plan by drinking a delicious milk chocolate shake for breakfast, and bringing a chocolate shake (can) for lunch. It was very easy to do and I felt full all morning and all afternoon. Prior to this, I was grabbing high-fat/high-calorie foods on the way out the door in the morning. Slim-Fast fills me up and helps me feel energetic. It's very comforting to know that I am getting all of the nutrition I need without the fat.

After work and on weekends, I eat a great sensible supper with my family. I have been walking about 45-50 minutes each day, since I have my energy back.

It took 6 months to lose 50 pounds. I'm proud to say I've kept it off for over a year now!

I am still drinking my great-tasting chocolate shakes to keep me feeling great! I can proudly say that I weigh 145 pounds and am currently wearing a size 8!

Sincerely,

Kristina Cottingham



=

=



When you've reached your best weight and size (whether you've lost 20 or 100 pounds) send your story and photos to Slim-Fast Success Stories, 767 Third Ave. 32nd fl., New York, NY 10017. Maybe you can be the next Slim-Fast star.

www.slim-fast.com

esults not typical

average person walks 115,000 miles in her lifetime. We've found the newest soothers and tapers to treat your feet every step of the way

Sole Survival

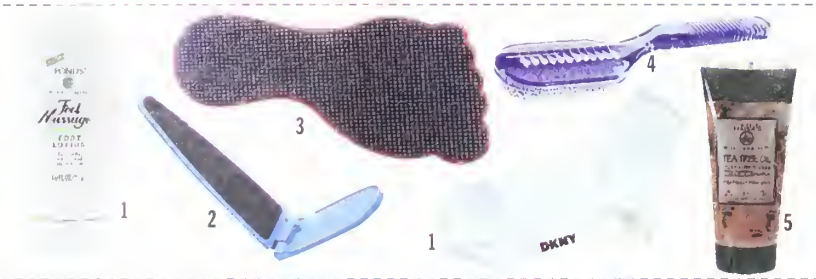


GERMS BE GONE



1. A sprinkle of cornstarch with deodorizing te helps peds stay dry. 2. Keep fungus at bay by a thoroughly drying between toes. 3. Spray throu stockings or on bare feet to end stinky tootsie 4. Soothe aches with a five-minute foot soak in refreshing eucalyptus. 5. Your feet may be clea the gym floor isn't—wear thongs at all times. K bacteria for up to six hours with germ-fighting t

SMOOTHER TOOTSIES



1. Drench dry skin with a rich cream; cover over fr with clean, white cotton socks. 2. A fine-abrasiv on wet or dry skin softens rough heels. 3. A coa one sloughs away raggedy skin allover. 4. A pum stone gets rid of thicker, hard-to-remove skin; a brush cleans infection-causing dirt and bacteria under nails. 5. Massage flaky heels with exfoliant containing walnut shells or apricot kernels.

NAIL GROOMING



1. & 2. Gently push back pre-softened cuticles wi cuticle minimizer—or, for thicker skin, a cuticle pusher. 3. File only across the top; never file side 4. Toenails don't need daily cuticle cream, but tr needed if yours are especially dry. 5. Foam divide used while polishing keep toes in line and tucked- under pinkie toes in sight. 6. Keep toenails squar off to prevent ingrowns.

HEALTHY SOLUTIONS



1. AHA creams smooth craggy soles. 2. A facial-lik mask with menthol and glycerin rejuvenates dry, a feet. 3. Corn-protecting pads cushion as they hea with salicylic acid. 4. Joggers need to prevent nail from peeling with petroleum jelly. 5. Protect blist with funky-colored bandages. 6. Shoe insert pads, made with a soft polymer gel, soothe calluses. 7. Reflexology, the art of massaging the nerve endin your feet, is believed to also relieve pain in your b

COLOR & STYLE



1. Toes give you a lower-profile place to try out a hue. 2. Deep iridescent browns give toes sex appe 3. A top coat with UV protectors keeps polish fro fading or yellowing. 4. Pale taupe is the new basic light enough to hide chips, neutral to match any spring bright. 5. The secret to a long-lasting shiny manicure is a base and top coat. 6. A fabulous bubblegum-pink is a fun beach treat.


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the more you give.
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you get back.
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Energy
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Courage

The Premier Issue in the

Sacred Cultures

Sculpture Collection

by Steve Kehrli

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Presenting "Courage," a stunning sculpture by Steve Kehrli that superbly portrays some of a warrior's most sacred possessions—a handsome feather headdress, a sturdy lance, a colorful ceremonial blanket, and a wolf shield.

"Courage" premiers the *Sacred Cultures* Sculpture Collection, a tribute to the Native Americans' spiritual culture. Owners may preview subsequent issues *without obligation.* Each is meticulously crafted, dramatically hand-painted and accompanied by a Certificate of Authenticity. Experience the power and beauty of a rich and noble heritage. Our 30-Day *100% Satisfaction Guarantee* assures you order without risk! Reply today!

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Adam's obsession with riding the subway doubled as a coping mechanism for his anxiety

"I Committed My Son"

INSTITUTIONALIZING ADAM WAS OUR ONLY WAY OUT OF A LIVING HELL

BY LAURIE JOAN ARON

I can't forget those early moments after the birth of my first child, Adam, in August 1987. As I held him and stared into his blue eyes, I fell fiercely in love.

Nearly nine years later, my husband, Matthew, and I committed Adam to a psychiatric ward, and then to a long-term facility, desperate and with no hope that he could be helped or that he would ever return home. We thought we were sacrificing our son to give our two daughters a normal life.

Since Adam was our first child, we probably missed many early signs of his emotional disturbance. As a toddler, he could sit for hours spinning a wheel on his stroller, yet he wouldn't look up when someone spoke to him. By the time Rachel was born, in 1989, I was thrilled with Adam's keen intelligence and language skills. But when he entered nursery school, he started having tantrums if we didn't walk home a certain way, or if I forgot to bring the right juice in the right cup.

At three, Adam began to develop a fantasy world of terrifying, violent clarity, a universe in which different races of creatures were always at war. There, he portrayed a number of characters. Adam would snarl and claw at whoever came near—me, his sitters, other children—and refuse to answer to his own name.

I always found it easy to set limits for my daughters, but with Adam, my first impulse was to change the world to fit him. It wasn't just that he was a doted-upon first child; I knew that he was fragile. As I understand it now, Adam had such a tenuous hold on reality, and found the world so frightening, *(continued)*

SURE, IT'S ALL FUN AND GAMES

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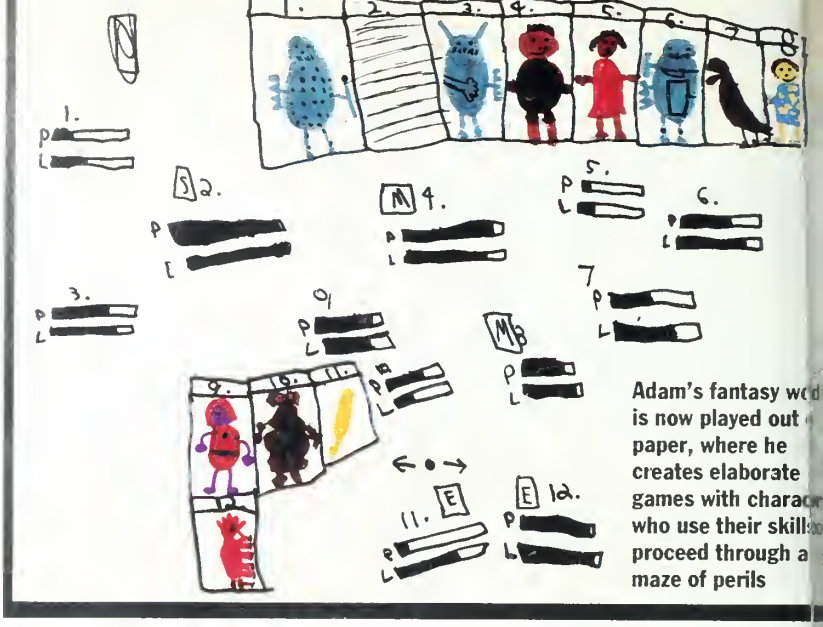
RIVER ROADS



INSPIRED BY THE RICH HERITAGE AND MYSTIQUE OF THE OLD MANOR HOMES, THE RIVER ROADS COLLECTION IS A MODERN INTERPRETATION OF THE ART, CULTURE, AND WEALTH SIRED BY THE GREAT RIVERS OF THE [illegible] CENTURY.

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Adam's fantasy wo
is now played out
paper, where he
creates elaborate
games with charac
who use their skill
proceed through a
maze of perils

A WOMAN TODAY

Continued

that he needed a million little rituals to hold himself together. His fascination with the New York City subway system, for example, helped him cope with his anxiety. He talked about it tirelessly, studied and copied the maps and insisted on riding the trains with his father for four or five hours every Sunday. It was the only way he could get through the week.

There were so many of Adam's demands to remember, with new ones cropping up each day. Skipping any of them usually meant a long, loud and embarrassing ordeal. If Adam didn't go to a certain part of a certain park or get home exactly in time for a particular TV show, if the wind sock wasn't blowing as we passed the heliport on the way to my parents' apartment, or if a picture he was drawing turned out wrong, he would scream over and over for hours, "Make it like it was before! Rewind the day!"

I can't begin to count the number of times we had to carry Adam kicking and shrieking from birthday parties, restaurants, parks and relatives' homes. Yet, hard as it may be to believe, for most of his life we saw Adam as fundamentally normal. For one thing, we loved him too much to think otherwise; for another, his good looks, intelligence and flashes of insightful humor beguiled us.

As Rachel grew, Adam com
deered her to help him act out hi
tasies, and she quickly learned
along with her brother's games
not to upset him. Only later di
learn that Adam would hit and th
en her when Matthew and I we
around. Shy and withdrawn, Ra
chose bossy friends and allowed
to dominate her because it felt nor

Over time, life became a nightm
Matthew lost his job as a corpo
lawyer; for three years, he struggle
build a solo law practice. We go
on unemployment, handouts from
family and whatever I could make
part-time freelance writer. Matt
felt incompetent for not being ab
support us; I felt incompetent for
being able to control Adam, and
gry at both of them for putting
under so much pressure.

I remember those years of incr
ing isolation as one long mild dep
sion, filled with fits of anger
mounting anxiety. We lost frie
and frustrated family members
didn't understand why we coul
get Adam to keep his clothes on,
writing on his body or even say "H

After Paula was born in 1995,
hit bottom. Matthew's law prac
failed, and Adam lurched from m
down to meltdown. He hardly sl
He repeatedly threatened to kill h
self or the baby. The hallucination
had probably been having for y
grew worse; he heard *(contin*

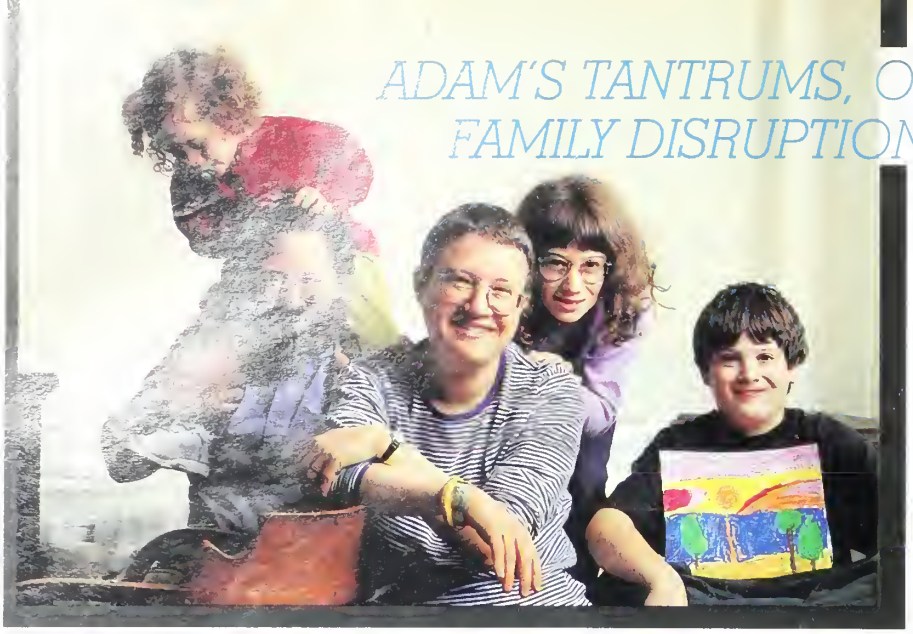
"You always know when you are home when a house speaks to you and they do speak the best of them"



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centuries, poets, artists and writers have all been inspired by the majestic beauty and power of the majestic rivers. er Roads celebrates this history with an exceptional collection of furniture for the bedroom, dining room and living n. Crafted in luxurious espresso solids and veneers, the Tahoe Sofa embodies the easygoing lifestyle and al elegance of the manor homes situated by great rivers. Commemorating the harmonious blend of continental influences d by our country's rivers, the French Quarter Cocktail Table features graceful hand-welded ironwork, laminated leather beveled-edge glass. For more information on the 60-piece River Roads Collection or for the Thomasville retailer rest you call us at 1-800-940-4670 or visit our website at www.thomasville.com.



ADAM'S TANTRUMS, ONCE A MAJOR FAMILY DISRUPTION, HAVE CEASED

A WOMAN TODAY

Continued

voices and saw eyes coming out of his bedroom wall. And he was still throwing fits, once kicking our car windshield so hard that it cracked. A child psychiatrist put Adam on an antidepressant that is also used for obsessive-compulsive disorder. He only became more violent.

By now, we were at our wits' end. I began canvassing mothers in playgrounds and calling all the medical experts I knew. A number of them recommended Dr. Richard Perry, head of the child psychiatry inpatient unit at Bellevue Hospital, in New York City. He specialized in children with pervasive developmental problems, along with issues like behavior disorders and psychosis. I called him on Tuesday for an appointment.

That same night, the bond we had with our son broke of its own accord. We couldn't get Adam to go to bed—and there was an ominous look in his eyes that told us that we, too, were becoming the enemy. Though it was late, I called Dr. Perry, who told us to bring him to Bellevue the next day.

We had to lure Adam to the hospital by pretending it was just a doctor's visit and promising him an extra-long subway ride afterward. Once there, we spent so many hours waiting in the emergency room that I had to run home to nurse Paula. By the time I got back, Adam had been admitted, and Matthew had just broken the news to him that he had to stay the night. Entering the locked ward, I saw that Adam had lost his sneakers and socks; his shirt was chewed and frayed. "Here's Mama come to take me home!" he wailed, his face streaked with tears. When I told him he would be staying, he punched me in the chest.

Matthew and I said our goodbyes, then left the ward and sank to the floor in silent tears. But my grief over losing my son was matched by my relief. Putting him in Bellevue that day was the worst moment of my life as a mother—and the most hopeful one.

With Adam gone, the four of us discovered what a normal family life could be. One day that first week, Rachel was hungry after school, so we stopped for a slice of pizza. As we ate, I marveled at how liberating it was to do something as ordinary as trying a new restaurant and enjoying an uninterrupted meal.

Within a few days, the Bellevue staff had stabilized Adam on Haldol, an antipsychotic medication. He began attending the hospital school and, for the first time, did his homework. He was miserable, but he finally began to accept limits. Bellevue was a kind of reform school for Adam. It knocked a lot of the angry stuffing out of him, and left him with his poignant vulnerability intact.

In August 1996, three months after his admission, Adam was referred to the Henry Ittleson Center for Child Research, in the Bronx, for long-term residential care. We visited him every Sunday, often bringing him home for a few hours, but it was stressful for everyone. Rachel would hide in her room, and I constantly had to watch Adam around Paula. I was scared that his unexpressed feelings would well up into violence again. And though I went through the motions of feeding Adam and listening to his stories, I just couldn't feel like his mother. My biggest fear was that he would be released back into our care.

However, over the next year and a half, we began to see an incredible change in Adam. The Ittleson clinicians didn't attribute his improvement to any one thing, but by the late spring of 1998, Adam had made a developmental leap. Words like "please" and "excuse me" seemed to come to him naturally, rather than by rote. He participated in family chores, related more to his sisters and didn't ramble endlessly about imaginary creatures. As his behavior improved, his sweetness and wit began to resurface, and I fell in love with him almost as I had at his birth.

The Ittleson staff suggested that Adam was ready to move on. Matthew and I looked into group residences, but in the back of our minds, we were getting excited about the idea of bringing him home for good. Gradually, we lengthened Adam's visits until he was living at home one week a month. Then in August 1998 he returned to us—eager, nervous and very, very happy.

Adam, now eleven, is a sixth-grader in a small magnet program at a local public middle school. He hasn't had a tantrum since he's been home, and he no longer insists on complicated train *(continued on page 95)*

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TV AND TEEN DRINKING

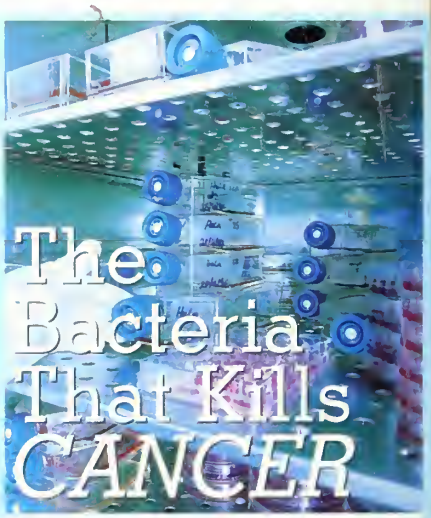
Preteens who watch a lot of TV—especially music videos—are more likely to become teenage drinkers, say Stanford University researchers. They recently tracked the habits of more than 1,500 ninth-graders and found that just two hours of music-video viewing per day leads to a 31 percent increase in the risk of drinking over the next eighteen months; watching other types of TV shows corresponded with a 9 percent jump in drinking risk. The researchers point out that on TV, alcohol is usually consumed by attractive people, and is rarely shown to have negative consequences. The study also found that watching videotaped movies actually led to an 11 percent decrease in risk. —Don Knapp

CNN San Francisco

Quote of the Month

"You have to teach them discipline. You have to show them who's in charge. If you give in to them every time, they're going to run your life."

—Madonna, on raising daughter Lourdes, on Larry King Live



Salmonella, the dreaded bacteria that can cause food poisoning, may actually have an unexpected benefit. "When we administer salmonella to mice that have cancer, there is a greater than ninety percent suppression of tumor growth," says David Bermudes, associate director of biology at Vion Pharmaceuticals, which teamed up with Yale University, both in New Haven, Connecticut, to conduct the research. The scientists reengineered the bacteria to seek out tumors, multiply inside them and slow the growth of the cancer without significant harm to normal cells. Scientists plan to start human trials sometime this year. A word of caution: Salmonella found in food will not fight cancer. —Elizabeth Cohen, *Your Health*

online auto LOANS

Help for car buyers on the Web has been extended from pricing and product information to the ability to apply for a loan. At *www.financial.aaa.com*, a Web site available to members of the AAA, consumers who fill out a loan application can get approval back in less than a minute. "You may receive a check in an hour—a day at the most," adds Scott Denman, director of strategic planning and development with AAA financial services. Other Web sites offering auto loans include *www.getsmart.com* and *www.carfinance.com*. The big three car makers also have Web sites where consumers can apply for a loan. But before you take an online loan, financial advisers say, check with local banks and car dealers to make sure you're getting the best terms available.

—John Metaxas, *CNN Financial News*

Watch CNN's *Your Health* for the week's top medical news (Saturday, 2:30 P.M., and Sunday 3 P.M., E.T.) and *Larry King Live* for newsmaker and celebrity interviews (Monday through Saturday, 9 P.M., E.T.).

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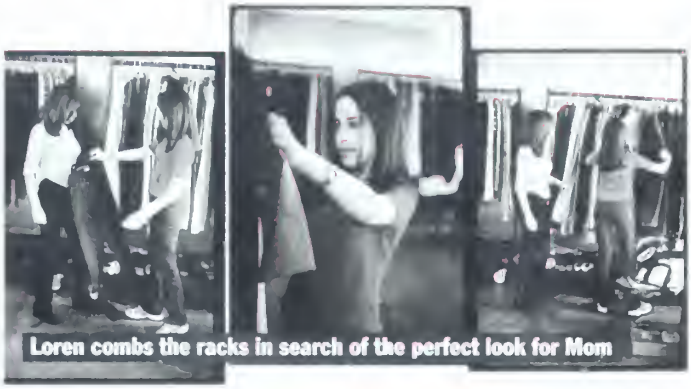
PROVEN TO HELP YOU LOOK REVITALIZE

The Skin Cancer Foundation suggests that when used as directed, it may also help reduce the potential risk of skin cancer

"MOM, YOU LOOK GREAT!"

WHEN SIX BRAVE MOMS LET THEIR TEENAGE DAUGHTERS DRESS THEM FOR A DAY, WE FOUND OUT THAT SOMETIMES A SPECIFIC SENSE OF STYLE DOES RUN IN THE FAMILY




Loren combs the racks in search of the perfect look for Mom



LADY IN RED

LOREN GUTTMAN, 13: "Most of the time my mom dresses young-looking. But one thing that really bothers me is when she wears pointy shoes with skinny pants that aren't flared. She has a really good body, and I think she should dress to show it, so I picked this dress. Plus, red is my favorite color."

RENEE BLUESTONE, 36: "I have to say, Loren wasn't far off the mark, because I really would wear this dress, but only for a special occasion in the evening."



A WALK ON THE WILD SIDE

AMANDA SILVER, 13: "Our mom sometimes dresses like a preppy, with a sweater over her shoulders. I'd like to open her up to something new slowly, but my sister is obsessed with the look of *Buffy the Vampire Slayer*, so that's how we picked this outfit. Hey, Mom is hip, but she'd *never* wear leather *and* leopard!"

EMILY SILVER, 15: "I really want Mom to bond with the leather so then she'll get me the leather pants I want. I love this combination of trendy styles; it's very cool."

SUSAN SILVER, 47: "This outfit sure is fun, but it's *sooooo* not me. Emily and Amanda will be talking about this moment of power forever!"



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TWO OF A KIND

JESSICA DREWITZ, 13: "My mom's style is kind of like mine. We both like simple, comfortable clothes like button-down shirts and khakis, and nothing too busy or bright. We often borrow each other's clothes. We wear the same shoe size, so I chose these chunky lace-up shoes—they're mine—to go with this classic black skirt and soft-blue twinset."

NAOMI DREWITZ, 40: "We're so much alike, and we already share a lot of our clothes. Neither one of us is into wearing the hot fashion trends, and the outfit Jessica put together for me is pretty much an extension of what we both like to wear."

TWINSET, BEBE, SKIRT, ESPRIT, SHOES, 9 & Co.



IT USED TO BE A CARDINAL SIN TO DRESS LIKE YOUR TEEN, BUT WHAT'S A MOM TO DO WHEN YOUR DAUGHTER'S OWN DUDS ARE THE ONES SHE CHOOSES FOR YOU?







GETTING COMFY

KATIE BAUMSTEIN, 13: "My mom's taste is totally the opposite of mine. One thing that drives me crazy about my mom's clothes is that she wears black pants with *white* socks and then black shoes! But I really hate the blazer most of all; I would never in my life wear a blazer. I think my mom might wear this outfit; it's sporty-trendy and she looks younger in it."

LISA BAUMSTEIN, 43: "It's funny, but this outfit made me feel both young and old. I'd wear the hooded top but never the baggy pants and sneakers. It was comfortable, but it was nice to put my own clothes back on."

TOP, GAP; PANTS AND SNEAKERS, OLD NAVY









DOUBLE VISION

TWINS ALEXSANDRA AND BRITTANY FEDERICI, 13: "She's got a pretty modern style for a mom: She wears things like leather pants and capri pants. If we were her age, that's just what we'd wear, too. She always wears black or gray, though, and we think that she looks great in brighter, lighter colors."

GAIL FEDERICI, 49: "Alexsandra and Brittany are the real style-setters in our family. Except for my preference for neutrals, the three of us tend to wear the same things, whatever's newest. Since we are all petite and small-boned, three-quarter-length sleeves and cropped pants fit us perfectly. Having similar taste makes it easy to go shopping together, which is something we really love to do."

TEE: EASEL WHITE LABEL; PANTS: XOXO
SHOES: ROBERT CLERGERIE

WHEN YOUR TEEN IS STANDING IN FRONT OF YOUR CLOSET, THE MOST FEARED WORDS YOU CAN HEAR ARE: "MOM, CAN I BORROW YOUR . . ."

IN THE PINK

KIM MATZA, 13: "My mom pretty much looks like a mom. She does wear a lot of pantsuits. Sometimes I like what she wears, but then there are times that I don't want to be around her in public, like when she's wearing her bright green sweater. But I do borrow her pretty cashmere sweaters. I think she looks best in pink—it's a good color for blonds, so that's what I was looking for on the racks here."

SUSAN MATZA, 43: "My daughter really knows me. A trendy look like the capris and sleeveless top she picked out is always more appealing to me if pink is somewhere in the mix. And I love the bag and ballet flats she finished off this outfit with."





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How Women Have CHANGED The Workplace

TIRED OF PLAYING BY RULES CREATED BY MEN, WOMEN ARE MAKING IT THEIR BUSINESS TO REDEFINE THE WAY AMERICA WORKS. BY MARY C. HICKEY



two women, one job

Cynthia Cunningham (left) and Shelley Murray work in a conservative industry—banking. Yet they have one of the most unconventional work arrangements: They share a job.

Cunningham, thirty-eight, and Murray, forty-four, jointly hold the position of vice president in the global foreign-exchange division for BankBoston, in Massachusetts. Each works two and a half days a week. "But we function as one person," says Murray.

The women, previously bank branch managers, each wanted to spend more time with her children, so they came up with the idea of pitching themselves as a team "and shopped it around," Cunningham says.

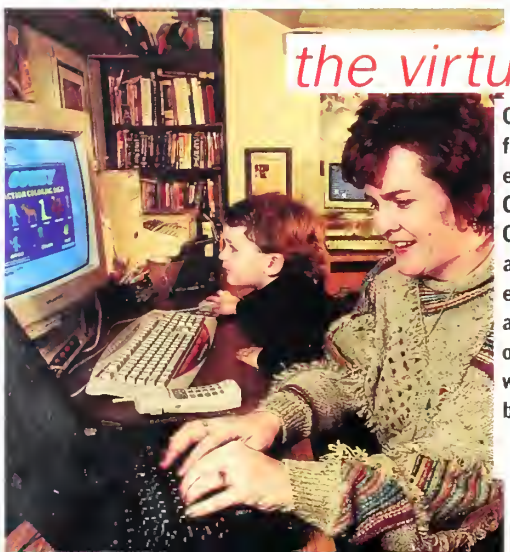
Within a few months, they were offered their current position. "There was no precedent for job sharing in that bank division, but our boss was open to the idea," Cunningham says.

Initially, some colleagues were skeptical of the arrangement, but today, says Cunningham, "No one has any complaints." Agrees Murray, "We're a seamless team."

They are sixty-three million strong—and they are a force to be reckoned with. Today's working women are transforming everything from how corporations are run to the way families function. "It's been nothing short of a revolution," says Sheila W. Wellington, president of Catalyst, a nonprofit research organization in New York City that works with businesses to advance women. "The huge influx of women into the labor force—and their permanence there—has been the economic and social phenomenon of the century."

Women now lead lives vastly different from any generation before them. "They have more money, more independence, more influence—and that has made their lives more satisfying," says Wellington.

In 1950, women constituted only 29 percent of the American workforce. Today, that figure is 46 percent—and rising. The number of working women with children has climbed even faster: Fifty *(continued)*



the virtual workplace

On most days, Karen Brown, founder, president and chief executive officer of Data Now Corporation, a company in Akron, Ohio, that creates software applications for business, never even leaves her house. Neither do any of her twenty employees, most of whom are mothers, like Brown, who work from computers in their basements, attics and home offices.

"We're completely ***(continued)***





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(continued) a telecommuting operation," Brown says of her company, which last year boasted over $1 million in sales. "With the exception of a weekly meeting, all our communication occurs on the phone or via the company intranet."

Brown started the business seven years ago, after a career as an office manager for a large health insurance company. Professionally, she couldn't advance without moving across the country to the company's headquarters. And personally, she wanted to spend more time at home. "I decided to become a consultant," says Brown, thirty-six, whose children are now three and sixteen.



"As long as everyone gets her work done, it's up to them when to put in the hours," Brown says of her staff

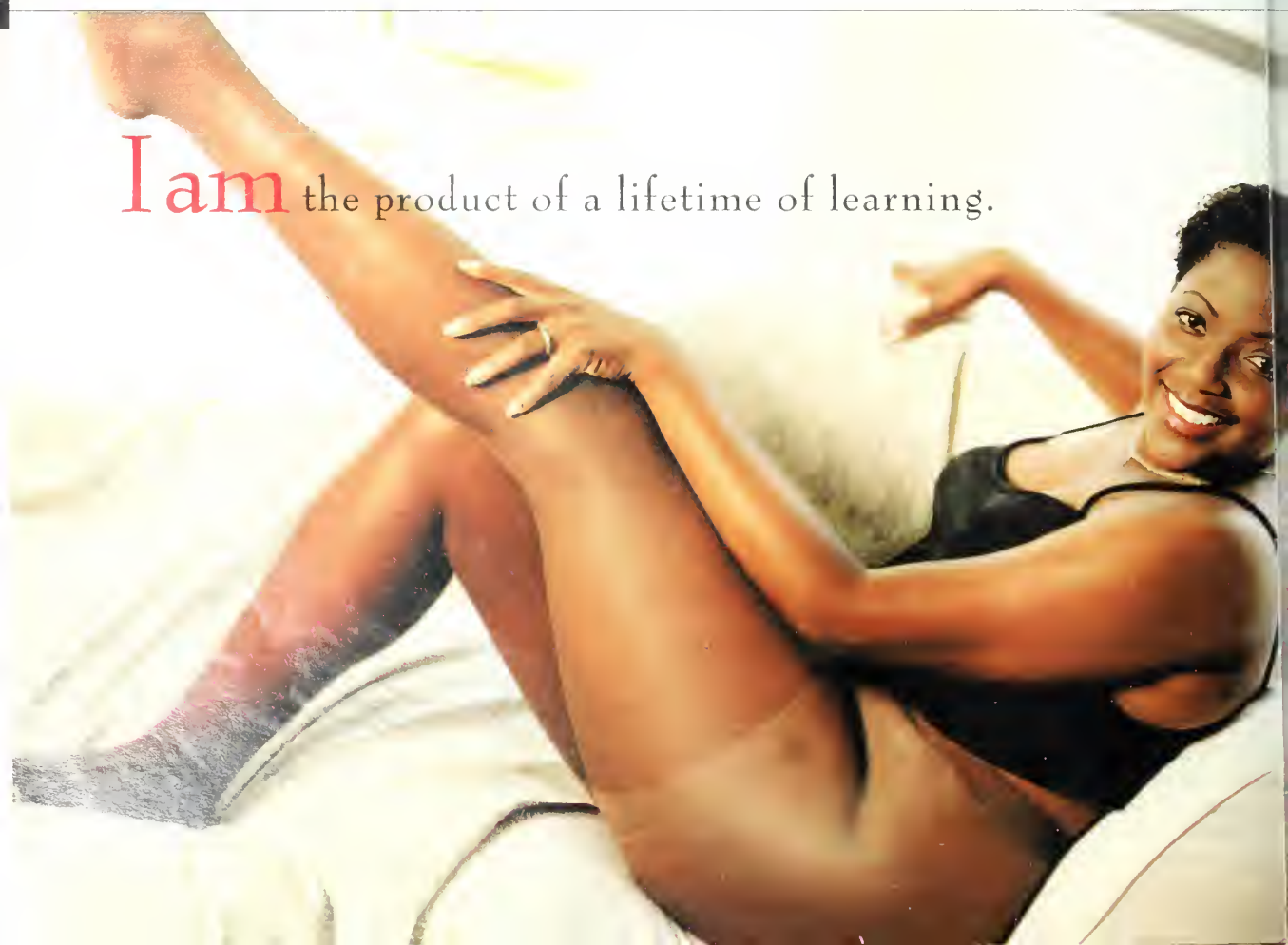
Her knowledge of workflow software programs puts her in great demand. She began hiring computer programmers to help out—and found a wealth of talent in mothers of young children. "Most of them had been very high achievers in the work world, but they wanted jobs with more flexibility," she explains. All but two of her employees work full-time, and receive benefits including health insurance, a 401(k) plan and vacation time.

As a boss, Brown believes that her staff can be more productive—and more loyal—when they're comfortable that their families are okay. "Being a good mother and a productive worker aren't mutually exclusive," she says. "In fact, I think they go hand in hand."

(continued) years ago, only 0 pe cent of women with childre unde eighteen were in the laborforc Now, over 72 percent are.

This influx of women hashad broad impact on the worlplac "When women were at hom an men were the breadwinners wor and family were separate spheres says sociologist David Mum Ph.D., director of the Kunz ent for the Study of Work and Fam the University of Cincinnati. "at women entered the workforce, tho spheres began to merge."

The result is a workplace whe "family" means far more than a ame photo on a desk. "We've seen n e plosion in the number of coman that have adopted family-friendl pr grams and policies," says Dana ne man, senior vice president of rig Horizons Family Solutions, a le di provider of employer-sponsored chi care in Cambridge, Massachuett "What started as women's issu a now workplace issues."



he earliest signs that women were
nging work came in the seventies,
en companies like Hoffmann-
Roche and Stride Rite opened on-
day-care centers for their
kers. Since then, the range of
oloyer-sponsored options have ex
ded to include backup child care,
mer-camp programs even work
elementary schools
orporate America came to real-
though, that meeting the needs
working women entailed a lot
re than day care The nature of
rk itself began to change "Wom
have been the driving force be
id the growth of alternative
angements, such as flextime, part-
ie, job sharing and telecommut-
," says Susan Seitel, president of
rk & Family Connections, Inc , a
nneapolis-based consulting and
blishing group According to a
ent survey of 1,057 companies,
ore than 80 percent offer their
ployees some kind of flexibili-
option.

continued on page 66

putting family first



Family matters "make good business sense," says Helen Johnson-Leipold (right), shown with her children, and Gayle Kosterman, who oversees employee programs at the company

When it comes to family issues, the SC Johnson company in Racine, Wisconsin, has long been at the forefront. Ten years ago, it opened a state-of-the-art day-care center, which has been expanding ever since. "In addition to day care for babies and toddlers, we now have a full-day kindergarten, before- and after-school programs, and summer camp," says Helen Johnson-Leipold, a vice president of worldwide marketing and a fifth-generation member of the company's founding family.

But that's just the beginning. SC Johnson recently set up lactation rooms so new mothers can nurse their infants or pump breast milk. Many employees work staggered hours, and others telecommute one or more days a week. Parents are permitted to work part-time for a stint after the birth of a child. And managers are trained to be sensitive to workers' family needs. "We try not to schedule a meeting very early in the morning, or very late in the day," says Johnson-Leipold.

These policies are not merely a good-hearted gesture. Johnson-Leipold, whose youngest child, now three, is in the day-care center, notes that the company's turnover rate is only 5 percent—less than half the national average. "We've realized it makes good business sense," she says.

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(continued from page 63) Other factors, of course, have contributed to this trend. New technology made working from home viable; the global economy and the need for round-the-clock staffing facilitated alternative work schedules; and a tight labor market has forced employers to pay attention to demands they might otherwise ignore.

Many of those demands come from women who are no longer content to play by work rules created by men. "Many women have reached a point where they're more comfortable making their needs known," Dana Friedman says. Among their priorities are schedules that allow them to spend time with their families.

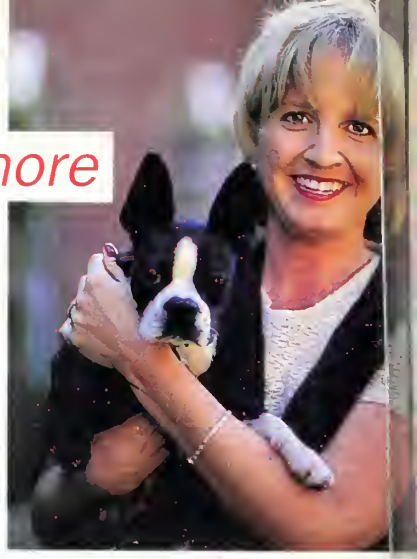
Jean*, a thirty-five-year-old lawyer, the mother of three school-age kids, is a case in point. A few years ago, she was recruited to work as an in-house counsel for a large New York City firm. "Since I was reasonably happy with the job I had, I decided I'd take the position only if I could get the schedule I wanted," she explains. So she asked for an eight A.M. to three P.M. workday for a slightly lower salary than she'd initially been offered. The firm agreed to her terms.

Employers unwilling to provide workplace flexibility have paid a price—the loss of female talent. One of the biggest economic trends of the nineties has been the growth of small business fueled largely by women entrepreneurs. Today, there are an estimated eight million women-owned enterprises employing nearly one in four U.S. company workers and contributing nearly $2.3 trillion annually to the economy.

Though many factors motivate women to start businesses, a top consideration is their desire to have more time to spend with their families. According to a Catalyst survey, 51 percent of women business owners cited their need for more flexibility as the chief reason they left the corporate world. (continued)

*Name has been changed.

she makes more



When Dori Thornhill was growing up, her mother stayed home and her father supported the family. "Things are certainly different for us," says Thornhill, thirty-six, of Austin, Texas, who has two daughters, ages seven and nine.

Thornhill and her husband, Mark, are among the growing number of American families in which the wife is the high earner. As a marketing executive who runs her own firm, Thornhill makes more than double what her husband, a computer programmer, does. "I happen to be in a more lucrative field," she explains.

When Thornhill's salary started creeping above her husband's about ten years ago, there were some initial tensions. But oddly enough, with each raise she got, Mark grew more comfortable with the disparity. "We're so used to it now that it's a nonissue," she says. "I think he appreciates the fact that my salary allows us to have the comfortable lifestyle we do."

Thornhill—who describes herself as "extremely ambitious"—says her husband simply isn't as driven as she is. "Sometimes I try to push my drive onto him, and we lock horns," she confesses. "But the fact is, he's pretty happy with what he's doing, and, really, that's what matters."

in business for themselves

Before their children were born, Margot Sage-EL (below, left) and Trina Rogers, both of Montclair, New Jersey, had full-time jobs: Sage-EL worked in art design for a publisher, and Rogers was a teacher. But motherhood spurred both of them to look for more flexible work. Sage-EL started a children's book mail-order company, and Rogers ran a certified day care.



Nine years ago, they decided to join forces. Today, Sage-EL, forty-two, and Rogers, forty-eight, are the co-owners of Watchung Booksellers, a busy neighborhood store.

The two women arrange their schedules so they can usually be home when their children are. During busy seasons, they simply bring their kids to work.

Running a small business, the women have discovered, is demanding. They take work home, and rarely have a free weekend. They also don't earn the kind of money they could if they worked for someone else. But both agree that the trade-offs have been worthwhile. "We don't have to make the sacrifices that working for someone else entails," says Rogers. "We have the flexibility so that the needs of our families can come first," adds Sage-EL.

think pink



Spring makeup tip. For starters, wash eyelids in soft pink eyeshadow for a flattering, candlelit look. Blush high on cheekbones. Apply pink lip color, then outline with lip liner no more than one shade darker. For other timely tips, visit one of our Studios and discover Merle Norman color and skin care products. While you're there, receive a free sample of our latest lip colors. Then spring outside with a fresh new you. For the Studio nearest you, or for franchise information visit our website at www.merlenorman.com or call 1800 I 40 MERLE.

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COSMETIC STUDIOS

(continued) Dara Craft, thirty, of Dallas, Texas, is typical. Several years ago, as a marketing executive for a large company, she was on the road one week out of three. "I didn't want to travel after having kids, so I decided to put my energies into creating a business I could run out of my home," she says. In 1993, shortly after her first child was born, she started Babies 'N' Bells, a company that custom-prints birth announcements and wedding invitations. In 1999, she expects to generate more than a half million dollars in sales. "I work as hard as I ever did," says Craft, who now has three children. "The difference is that I can do paperwork while I'm nursing my baby, and I make phone calls when my older ones are playing in the next room."

The multitude of women in the workforce has also spurred significant changes in workplace law—from the Pregnancy Discrimination Act of 1978 to the Family and Medical Leave Act of 1993. "The issue of sexual harassment would never have gotten the attention it has if it weren't for the sheer number of women in the labor force," says Catalyst's Wellington.

Women have changed work in other, less concrete ways as well. "The presence of women has helped to reinforce the trend toward collaboration and teamwork," says Arlene A. Johnson, a senior consultant for WFD, a corporate consulting firm based in Cambridge, Massachusetts. "The workplace is less formal and hierarchical, and there's more focus on personal relationships."

Perhaps the most dramatic impact of the new work world has been the ways in which it has changed women.

"WOMEN DERIVE HUGE PSYCHOLOGICAL BENEFITS FROM WORKING," SAYS ONE EXPERT

To be sure, work has put women under a lot of pressure. Working mothers often feel guilty about leaving their children. And women who choose to stay at home feel insecure about their decision. "Many women are still struggling with their identities and questioning their choices," says Johnson.

Yet experts agree that the changes have been largely positive. "Women derive huge psychological benefits from working," says Wellington. In a study by the Families and Work Institute, in New York City, women who worked full-time were more likely to feel valued at home than those who were full-time homemakers.

The money they earn is one big reason. Though women haven't yet achieved pay equity—they still earn only 74 cents for every dollar earned by a man—they exercise increasing economic influence. According to a study, employed women provide 48 percent of their household income.

And many believe that women's self-esteem has been boosted as a result. "Women are much more confident when they have the economic security that comes from a job," says Betty Holcomb, author of *Not Guilty! The Good News About Working Mothers* (Scribner, 1998). "Surveys show they feel more equal in their marriages and more content in their roles at home."

Ultimately, work has given women clout. In his book, *Powerchick* (Longstreet Press, 1998), Matt Towery makes the case that in the past several decades, our society has seen authority shift away from men and increasingly toward women. He points out that today women account for more than 80 percent of consumer spending, outnumber men in the voting booth, and are the primary source of leadership in raising the next generation. Looking ahead, Towery concludes that women are poised to become the dominant social, economic and political force of the next century. ●

How We WORK Now

Nearly a third of employed women in the U.S. workforce have children under age thirteen; 38 percent have children under eighteen. How are they balancing work and family? Here, a glimpse:

- **In a study of two thousand managers, 11 percent of the women reported that they currently worked part-time. Fifty-six percent say they have a "nontraditional" work situation, meaning any variation of nine A.M. to five P.M., Monday to Friday.**
- **Thirty-six percent of 1,056 managers surveyed expect to work reduced hours at some point in their career.**
- **Thirty-three percent of companies allow employees to work at home on a regular basis.**
- **About half of employed parents say they are able to take time off for sick children without losing pay, forfeiting vacation or fabricating an excuse for missing work.**
- **According to a recent study, some 82 percent of companies surveyed now offer assistance with child-care costs; 38 percent offer day-care referral services; and 12 percent have on-site child care.**

But some things haven't changed. When it comes to women moving ahead, the glass ceiling is, unfortunately, still firmly in place:

- **Although they make up 46 percent of the U.S. labor force, women hold only 3.8 percent of the highest titles and 2.7 percent of the top-earning jobs in companies.**
- **While there are more women managers than ever before—49 percent—only two CEOs of the Fortune 500 companies are women.**
- **Of 6,064 seats on the boards of directors of the nation's Fortune 500 companies, only 671 are held by women.**



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WEEKEND PROJECT

Turn a drab, otherwise unadorned window into a vibrant focal point by installing shelves for potted plants and colored glass vases. A kitchen, laundry-room or other out-of-the-way window is the perfect place to create this mini-greenhouse. You only need glass, L-shaped molding and screws. Have a hardware or glass store cut the glass shelves to fit your window's width and depth, and be sure to ask for polished edges. The molding should be cut to fit the window's depth, then screwed into place at the front, middle and rear of the molding. Space the moldings evenly with at least 14 inches between them—the minimum distance to safely display votive candles. Arrange plants, flowers and glass jars and vases in groups. Herbs and seedlings will thrive no matter what the weather is like on the other side of the windowpane.

IT'S A FACT Thought you'd make it easy for yourself and choose white for your walls? Not so fast. With forty-five shades of white and off-white to choose from (and that's only counting one manufacturer's line), your anguish may just be beginning! What do most decorators choose? A creamy white paint.

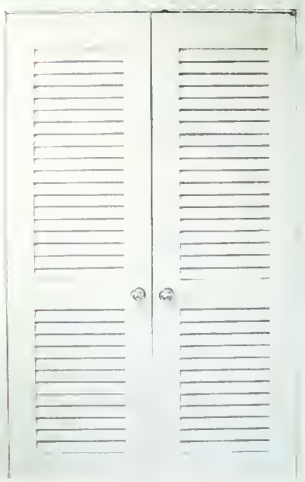
REAL-ESTATE UPDATE

The typical American family may move once every seven years, but if it's been a while since you've uprooted, you'll be surprised at two significant changes that have taken place in the past decade for both home buyers and sellers.

Most states now have laws requiring sellers to answer a list of pointed questions, such as whether the foundation is cracked or the roof leaks. Be sure to obtain this disclosure statement before signing a contract to buy, says Laurene Janik, general counsel of the National Association of Realtors, in Chicago. (Even with it, buyers should hire an independent home inspector—not the one the real estate agent may suggest.) Should you buy a house and later discover that the seller knowingly misrepresented its condition, you may be able to take legal action.

In another new trend, real-estate brokers are increasingly representing the buyer, not the seller. In the past, agents didn't always share certain information with buyers, such as whether a house was fairly priced, and may not have advised them on how to negotiate the price down. Now agents are obligated to represent the buyer's best interests. —Marilyn Kennedy M

Katie Brown's SOLUTION





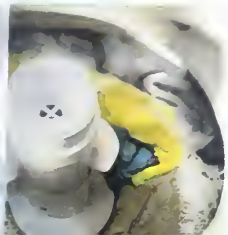
Q All the closet doors in my house are louvered. That look used to be stylish, but now it's just out-of-date. Can you suggest an affordable alternative?

A "An easy way to revamp louvered doors is to cover the vents with a panel of fabric," says decorator Katie Brown, host of Lifetime's *Next Door with Katie Brown.* "Run the cloth through the top louver and down the front of the door. Then slide it through the bottom louver and run it up the back till it meets the other end. Finally, fasten the fabric with fabric tacks or double-sided Velcro."



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WHEN YOUR HEART RACES

Arrhythmias are difficult to diagnose, and they can be dangerous. Could you be one of the millions of women who suffer from them? By Dianne Hales



Laurie Farquhar used to worry that her hi condition would make her faint, which cou endanger her sons (Matthew, left, now fi and Christopher, seven) if she were drivi

As she was going through her mail on a routine workday in 1996, Laurie Farquhar, then thirty-five and working for American Express in Fort Lauderdale, Florida, felt her heart begin to race. "I started feeling weak and nauseated, as if I were about to pass out," she says.

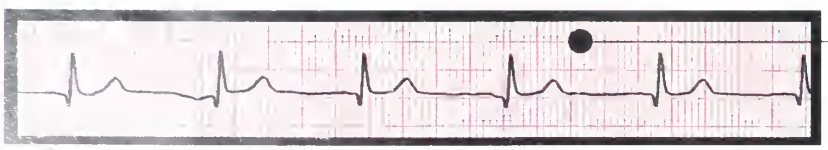
Eventually her symptoms subsided, but over the next two months the attacks recurred, each lasting ten to twenty nerve-shattering minutes. "It got to the point where I didn't feel safe driving, especially with my two little boys in the car. At night I'd wake up with my heart pounding. Once it was so bad that I went to the emergency room. But by the time I got there, my heart rate had slowed down significantly."

Laurie, whose heart has fluttered mildly for as long as she can remember, began to wonder if the problem was psychological. "I'd had a similar episode ten years before, and the doctors kept telling me it was stress and fatigue. A treadmill stress test, an electrocardiogram [EKG] and an echocardiogram didn't show any problems. The episodes were so scary that I started wondering if I was going crazy."

A Missed Diagnosis

Sooner or later everyone's heart speeds up, slows down or skips beats. The usual suspects for such heartbeat "hiccups" include everything from that extra cup of strong coffee to stress, fatigue, exertion, decongestants and diet pills. Any heartbeat anomaly can be called a palpitation. However, a recurring heart rhythm disorder with a medical cause is called an arrhythmia—and one of the most common symptoms is palpitations. They are caused by disturbances in the electrical impulses that control th heart rate. Based on the latest figur from the American Heart Associatio it is estimated that more than fou million Americans suffer from then And they are far more common i women than in men.

"In my experience, about on quarter of women and virtually n men report palpitations of an kind," says cardiologist Mariann Legato, M.D., the founder and d rector of the Partnership for Wom en's Health at Columbia University in New York City. "While mos palpitations *(continued on page 79*



A NORMAL RESTING HEART RATE
This electrocardiogram (EKG) printout shows a woman's heart pumping at 67 beats per minute (b.p.m.). The average range for normal is 65 to 80 b.p.m.



AN ARRHYTHMIA
This EKG tape shows a woman's heart racing at 184 b.p.m.

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ZOCOR®
(SIMVASTATIN)

PLEASE READ THIS SUMMARY CAREFULLY. AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

ZOCOR [illegible] as an addition to diet for many patients with high [illegible]. For patients with coronary heart disease (CHD) and [illegible] as an addition to diet to reduce the risk of death by reducing [illegible] attack and to reduce the risk for undergoing cardiac [illegible] and percutaneous transluminal coronary angioplasty)

WHEN ZOCOR SHOULD NOT BE USED

[illegible] Make ZOCOR. Discuss this with your doctor.

[illegible] by patients who are allergic to any of its ingredients. In addition to the active [illegible] simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, [illegible] magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added [illegible] preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or [illegible] blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

Patients who are also taking the prescription drug Posicor (mibefradil) should not take ZOCOR.

WARNINGS

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR Survival Study, the number of patients with more than one liver enzyme level elevation to greater than [illegible] times the normal upper limit was no different between the ZOCOR and placebo groups. Only 8 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and periodically thereafter (for example, semiannually) for your first year of treatment or until one year after your last elevation in dose. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

Muscle: Tell your doctor right away if you experience any muscle pain, tenderness, or weakness at any time during treatment with ZOCOR, particularly if you have a fever or if you are generally not feeling well, so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid (gemfibrozil), a fibrate; lipid-lowering doses of nicotinic acid (niacin); the antibiotics erythromycin and clarithromycin; nefazodone; antifungal drugs that are azole derivatives, such as itraconazole and ketoconazole; the calcium channel blocker Posicor; or drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimmune [cyclosporine]). Therapy with ZOCOR should be temporarily interrupted if you are going to take an azole derivative antifungal medication, such as itraconazole. Patients using ZOCOR along with any of these other drugs should be carefully monitored by their physician. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Such conditions include severe infection, low blood pressure, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, and uncontrolled seizures. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery. Discuss this with your doctor, who can explain these conditions to you.

Because there are risks in combining therapy with ZOCOR with lipid-lowering doses of nicotinic acid (niacin) or with drugs that suppress the immune system, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor may also monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

PRECAUTIONS

[illegible] treatment with ZOCOR, try to lower your cholesterol by other methods such as diet, [illegible] weight loss. Ask your doctor about how best to do this. Any other medical problems that [illegible] cholesterol should also be treated.

ZOCOR® (simvastatin) is less effective in patients with the rare disorder known as homozygous hypercholesterolemia.

Drug Interactions: Because of possible serious drug interactions, it is important to [illegible] what other drugs you are taking, including those obtained without a prescription.

ZOCOR can interact with Posicor, Lopid, niacin, erythromycin, clarithromycin, nefazodone, antifungal drugs, and drugs that suppress the immune system (called immunosuppressive drugs, such as Sandimmune). (See WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking medicines should have their blood tested before starting therapy with ZOCOR and should [illegible] be monitored.

Endocrine (Hormone) Function: ZOCOR and other drugs in this class may affect the [illegible] certain hormones. Caution should be exercised if a drug used to lower cholesterol levels is given to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may [illegible] the levels or activity of hormones. If you are taking any such drugs, tell your doctor.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: [illegible] prescription drugs, ZOCOR was required to be tested on animals before it was marketed. [illegible] Often these tests were designed to achieve higher drug concentrations than humans achieve [illegible] mended dosing. In some tests, the animals had damage to the nerves in the central nervous [illegible] In studies of mice with high doses of ZOCOR, the likelihood of certain types of cancer was increased. No evidence of mutations of or damage to genetic material has been seen. In studies [illegible] ZOCOR, there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with lipid-lowering agents similar to [illegible] there have been rare reports of birth defects of the skeleton and digestive system. Therefore, [illegible] childbearing age should not take ZOCOR unless it is highly unlikely they will become pregnant. [illegible] woman does become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 6 times the human dose or in rabbits at 4 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well, however, like all prescription drugs, ZOCOR can cause side effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In a large, long-term study, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain, anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty change of the liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle breakdown.

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves, weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle [illegible]

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups (referred to as a syndrome) that appeared to depend on allergic-type reactions, which may rarely be fatal. These have included one or more of the following: a severe generalized reaction that may include shortness of breath, wheezing, digestive symptoms, low blood pressure and even shock; an allergic reaction with swelling of the face, lips, tongue, and throat with difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which a person's immune system may attack parts of his or her own body); severe muscle and blood vessel inflammation, bruises, various disorders of blood cells (that could result in anemia, infection, or bleeding problems) or abnormal blood tests; inflamed or painful joints, hives; fatigue and weakness; sensitivity to sunlight, fever, chills, flushing, difficulty breathing, and severe skin disorders that vary from rash to serious burn-like shedding of skin all over the body, including mucous membranes such as those in the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase, bilirubin, thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you want more information, ask your doctor or pharmacist to let you read the professional labeling and then discuss it with them.

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e not serious, they can be ex emely uncomfortable and terrify g. And some can be dangerous. 'omen are more likely than men to ffer sudden cardiac death as a re lt of an arrhythmia."

Despite their prevalence, many octors still have "a false presumption f innocence about arrhythmias in 'omen," says Michael H. Lehmann, .D., a clinical professor of edicine at the University of Michian, in Ann Arbor. "There is a low ikelihood of coronary disease in 'omen in their twenties and thirties, nd a lot of doctors seem to transate that into a low likelihood of any erious cardiac problem even hough that's not the case."

Lehmann co-authored a small tudy of patients eventually diagnosed with a common type of rrhythmia (paroxysmal supraventricular tachycardia, or PSVT) and ound that 55 percent were incorectly diagnosed during their initial valuations. Of these, the women were twice as likely as the men to have their symptoms attributed to panic, anxiety or stress. Also, a median of three years and four months passed before they got an accurate diagnosis and appropriate treatment.

Mending Broken Hearts

Why might doctors assume a problem is in a woman's head rather than her heart? One reason is that to get a diagnosis, you have to observe an arrhythmia happening. "Arrhythmias come and go unpredictably," says Lehmann.

Portable monitors that patients wear around the clock increase the odds of catching the heart in an irregular pattern. One, the Holter monitor, provides a continuous twenty-four-hour record of the rate. "It's fine if you happen to have an episode in that period," notes Lehmann, "but many women have episodes days or weeks apart." His preference is a loop recorder, an event monitor that "lies in ambush" for an attack. "When a patient starts having symptoms, she can press a button, 'catch' the beats, save them and transmit the signal by telephone to a central monitoring station, where a cardiologist looks at the printout and makes a diagnosis."

Women are more likely than men to suffer sudden cardiac death as a result of an arrhythmia

In Laurie's case, an event monitor captured an episode in which her heart accelerated from her normal 72 beats per minute (b.p.m.) to a blistering 240 to 260 b.p.m. The diagnosis: PSVT, which is characterized by sudden bursts of a very rapid heartbeat. Laurie is one of an estimated 570,000 Americans who have PSVT.

The first treatment she tried, antiarrhythmic medications, did reduce the severity of the events. But she continued to have episodes during which her heart would start beating at warp speeds. "Different arrhythmias have different responses to different medications in different patients," says Lehmann. "It may take weeks, months or years to find the right dose of the right medication." Women also seem more susceptible to adverse effects from some medications, including a worsening of their arrhythmias.

In some cases, doctors implant an artificial pacemaker, about the size of a small beeper, to ensure that the heart keeps beating regularly. But for rapid heartbeats like Laurie's, an increasingly popular option is radiofrequency ablation. In this treatment, cardiologists thread a tiny tube (called a catheter) with an electrode at its tip into the blood vessels of the heart. Using electrical stimulation to trigger an irregular heartbeat, they pinpoint its source and deliver pulses of radiofrequency energy (similar to microwave heat) that destroy the cells transmitting errant signals. A recent large-scale study showed that the risks are low, and more than 90 percent of patients are cured. Laurie was one of these success stories. "I occasionally have some fluttering, but I haven't had one major episode of arrhythmia," she says. "It's such a relief!"

The Estrogen Connection

It took a decade before Beth Perry, a forty-four-year-old social worker who heads The Child Assault Prevention Project, in Miami, found out why her heart would suddenly pound so hard that her entire body throbbed, right down to her feet. When it happened, by the time she got to an emergency room or doctor's office, her heart rate had returned to normal. "I ended up feeling doubted, treated as if I were making up a story," says Perry, who experienced her first episode in 1982, when she was twenty-eight.

Finally, in 1992, an arrhythmia struck in the perfect place: a hospital. "I was working at *(continued)*

WHAT'S HAPPENING TO MY HEART?

Your heart is pounding. You feel light-headed and dizzy, as if you're about to pass out. You can't catch your breath. Is it a heart attack? Could it be an arrhythmia? Or are you having a panic attack?

Frankly, it may not be possible for you to distinguish between a panic attack, an arrhythmia and a heart attack. You need to get to a doctor immediately and get checked out.

the Rape Treatment Center at Jackson Memorial Hospital when my heart rate just took off. A nurse pushed me, on a rolling chair, to the urgent care center. From there, I was rushed to the cardiology unit. The specialists instantly understood what was happening."

A leader in arrhythmia research, Robert J. Myerburg, M.D., director of cardiology at the University of Miami School of Medicine, diagnosed PSVT. Like Laurie, Beth opted for radiofrequency ablation. However, when Myerburg and his team tried to induce an arrhythmia to identify its source, nothing happened. "Afterward, I was telling Beth that we'd been unsuccessful, and she said, 'I usually have an episode the day my period starts.'"

A decline in estrogen may make the coronary arteries constrict, causing skipped beats

Beth had not noticed the correlation until shortly before the procedure, and had not considered it relevant. But her observation sparked Myerburg's scientific curiosity. "I wondered if it had anything to do with the monthly decline in estrogen," he says. To find an answer, he studied forty-two women, and found that 41 percent did indeed have more attacks the day before or on the first day of menstrual bleeding.

"Now I routinely ask a woman about her menstrual cycle," says Myerburg. "If she's noticed a premenstrual pattern, that's when we schedule monitoring. If she decides on radiofrequency ablation, we schedule it at the very beginning of a new cycle." In Beth's case, Myerburg rescheduled a second treatment for the appropriate point in her cycle. Sure enough, he was able to induce an arrhythmia and destroy the culprit cells.

However, for Beth, the treatment wasn't a permanent cure. "The abnormal connection had not been completely interrupted, so Myerburg had to do an ablation again five years later," she reports.

In recent months, Beth has been experiencing occasional palpitations. This is not an uncommon occurrence as women age, even in those with no history of arrhythmias. Some cardiologists speculate that as estrogen declines in a woman's forties, the coronary arteries may constrict episodically, causing skipped beats. Estrogen replacement therapy may relieve the problem in menopausal women. However, in the worst cases, antiarrhythmic medication may be needed to keep their hearts beating properly.

Setting Hearts Aflutter

Carol*, an executive in New York City, was only twenty-five when she developed episodes of very rapid heartbeats. "Healthy women your age don't get heart disease," her doctor told her. When the episodes became more frequent and lasted longer, he blamed Carol's high-pressure career. In 1992, Carol attended a seminar on women and heart disease given by Marianne Legato. "My heart started beating fast during the session, and Dr. Legato looked at me, listened to my symptoms and said, 'You need treatment. I want you in my office tomorrow morning.'"

An EKG revealed a congenital disorder called Wolff-Parkinson-White syndrome, in which a tiny bundle of extraneous muscle cells in the heart causes disturbances in its rhythm. After medications failed to control Carol's heartbeat, she too underwent radiofrequency ablation to correct the defect. Within two weeks, she was back at work, and she's felt great ever since.

Small amounts of *(continued)*

**Name has been changed.*

ANIPRYL®
(selegiline hydrochloride, L-deprenyl hydrochloride)
Tablets
For use in dogs only

CAUTION Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION Anipryl (selegiline hydrochloride) tablets are white, convex tablets containing 2.5, 5, 15 and 30 mg of selegiline HCl.

INDICATIONS Anipryl tablets are indicated for the control of clinical signs associated with canine cognitive dysfunction syndrome (CDS) and control of clinical signs associated with uncomplicated canine pituitary dependent hyperadrenocorticism (PDH).

CONTRAINDICATIONS Anipryl is contraindicated in patients with known hypersensitivity to this drug.

In humans, selegiline is contraindicated for use with meperidine and this contraindication has been extended to other opioids.

WARNINGS Keep out of reach of children. Not for human use.

Anipryl should not be administered at doses exceeding those recommended (0.5–2 mg/kg once daily).

In humans, concurrent use of MAO inhibitors with alpha-2 agonists has resulted in extreme elevations of blood pressure; therefore, blood pressure monitoring is recommended with concurrent use in dogs. Also, in humans, severe CNS toxicity including death has been reported with the combination of selegiline and tricyclic antidepressants and selegiline and selective serotonin reuptake inhibitors. Although no such adverse drug interactions were reported in the clinical trials in dogs, it is prudent to avoid the combination of Anipryl and selective serotonin reuptake inhibitors (e.g., fluoxetine) as well as Anipryl and tricyclics (e.g., clomipramine, amitriptyline, imipramine) or other antidepressants. At least 14 days should elapse between discontinuation of Anipryl and initiation of treatment with a tricyclic antidepressant or selective serotonin reuptake inhibitor. Because of the long half-life of fluoxetine and its active metabolites, at least 5 weeks should elapse between discontinuation of fluoxetine and initiation of treatment with Anipryl.

Concurrent use of Anipryl with ephedrine or potential MAO inhibitors, such as amitraz, is not recommended.

PRECAUTIONS **General** Anipryl is not recommended for other behavior problems such as aggression. In the clinical trials, 3 dogs showed an increase in aggression while on this drug. The safety and efficacy of Anipryl has not been evaluated in dogs with debilitating systemic diseases other than PDH. The decision to prescribe Anipryl should take into consideration that the MAO system of enzymes is complex and incompletely understood and there is only a limited amount of carefully documented clinical experience with selegiline. Consequently, the full spectrum of possible responses to selegiline may not have been observed in pre-marketing evaluation of the drug. It is advisable, therefore, to observe patients carefully for atypical responses.

Endocrine function testing to confirm pituitary dependent hyperadrenocorticism should be performed prior to Anipryl administration for that condition. Anipryl is not recommended for treatment of dogs with hyperadrenocorticism not of pituitary origin such as those due to an adrenal tumor or administration of glucocorticoids. If complications of PDH are evident at the time of diagnosis or emerge during therapy, the patient should be treated appropriately, if warranted, alternative therapy considered. Concurrent use of Anipryl in conjunction with other therapies of canine PDH has not been evaluated.

Laboratory Tests No specific laboratory tests are deemed essential for the management of patients on Anipryl as response to therapy should be based on the history and physical examinations for both PDH and CDS. In clinical trials for PDH, no correlation was found between an individual patient's clinical response and results of the low dose dexamethasone suppression (LDDS) test. There was no evidence of adrenal insufficiency in these trials.

In the 12 week clinical trial for CDS, a small number of dogs had a drop in hematocrit, some drops within the normal range and some dropping below 37%. The clinical significance of this is unknown at this time. It is advisable to conduct a thorough physical examination and to consider appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to administration of Anipryl.

Reproductive Safety The safety of Anipryl in breeding, pregnant and lactating bitches, and breeding dogs has not been determined.

ADVERSE REACTIONS In clinical trials 404 dogs treated with Anipryl for as long as 18 months were monitored for the occurrence of adverse events. Many of the observations listed in the following table may be associated with the underlying disease (PDH or CDS), the advanced age of the patients or the development of unrelated concurrent disease. One index of relative importance, however, is whether or not a reaction caused treatment discontinuation. Eighteen dogs (4%) experienced one or more vomiting following adverse events that led either to discontinuation of therapy with Anipryl, dismissal from the study or a reduction in dose: restlessness/agitation, vomiting, disorientation, diarrhea, dermatitis, hearing, possible drug interaction (weakness, confusion, uncoordination and "seizure like" activity while being treated concurrently with metronidazole, prednisone and trimethoprim sulfa), increased destructive behavior in a dog with separation anxiety, anorexia anemia, stiffness and polydipsia.

Percentage of Dogs with Adverse Events Reported in Clinical Field Trials

Adverse Event	Anipryl (n=404)	Placebo (n=67)
vomiting	26%	21%
diarrhea	18%	10%
hyperactive/restless*	12%	6%
anorexia	8%	1%
neurologic**	6%	1%
lethargy	6%	1%
salivation	5%	4%
urinary tract infection	4%	1%
gastrointestinal/hematologic	4%	1%
weakness	4%	0%
pale gums	3%	1%
polyuria/polydipsia	3%	1%
weight loss	3%	0%
diminished hearing	2%	0%
panting	2%	1%
cardiovascular/respiratory***	2%	0%
licking	2%	1%

*This includes hyperactivity, irritability, abnormal repetitive movements, anxiousness, and restlessness.
**This includes ataxia, incoordination, staggering, disorientation, decreased proprioception, and seizure.
***This includes heart murmurs, tachycardia, collapse, dyspnea, pleural effusion, and sneezing.

DOSAGE AND ADMINISTRATION

CDS The recommended dosage for oral administration for the control of clinical signs associated with CDS is 0.5 1.0 mg/kg once daily, preferably administered in the morning. Initially, dogs should be dosed to the nearest whole tablet. Adjustments should then be made based on response and tolerance to the drug.

PDH The recommended dosage for the control of clinical signs associated with canine PDH is 0.5 1.0 mg/kg once daily, preferably administered in the morning. If no improvement is observed after 1 month of therapy, dosage may be increased to a maximum of 2.0 mg/kg once daily. If no improvement is seen after 1 month at the higher dose or if at any time clinical signs progress, the dog should be re-evaluated. In dogs whose clinical signs of PDH progress despite Anipryl therapy in the absence of concurrent disease, alternate therapy should be considered.

Dogs should be monitored closely for possible adverse events associated with any increase in dose.

Clinical Use of Anipryl in CDS CDS is an age-related deterioration of cognitive abilities characterized by behavioral changes not wholly attributable to a general medical condition such as neoplasia, infection or organ failure. CDS is typified by multiple cognitive impairments which affect the dog's function. In clinical trials, the observed behavioral changes associated with CDS in older dogs included disorientation, decreased activity level, abnormal sleep/wake cycles, loss of housetraining, decreased or altered responsiveness to family members, and decreased or altered greeting behavior. In clinical trials, Anipryl was shown to be effective in controlling clinical signs associated with CDS. After 4 weeks of treatment, dogs treated with Anipryl showed significant improvement when compared to placebo-treated controls in sleeping patterns, housetraining, and activity level. Some dogs showed increased improvement up to 3 months, however, onset, duration and magnitude of response varied with individual dogs.

The diagnosis of CDS in dogs is a diagnosis of exclusion, based on thorough behavioral and medical histories, in conjunction with appropriate diagnostic work-up and testing. Periodic patient monitoring to evaluate the response and tolerance to the drug and for the presence of concurrent or new disease is recommended.

Clinical Use of Anipryl in PDH Clinical signs of PDH seen in clinical trials included panting, reduced activity, polydipsia, polyuria, changes in sleep patterns, altered appetite, obesity, alopecia, abdominal distention, reduced skin elasticity, thin skin, poor hair growth, pyoderma, decreased responsiveness to attention, and decreased enthusiasm for greeting. In clinical studies involving evaluable cases of naturally occurring PDH, Anipryl was shown to be effective in controlling clinical signs associated with the disease. Dr. physical examination, abdominal distention was the parameter which most consistently improved following treatment with Anipryl. Based on owner assessments, activity level was the parameter most consistently evaluated as "improved." Approximately 60% of the dogs were evaluated by the veterinarians and owners to be "slightly improved" to "improved" after 1 month of Anipryl therapy. By month 2, veterinarians reported that approximately 77% were "slightly improved" to "improved." Approximately 20% of dogs did not respond to Anipryl and were deemed treatment failures.

Those dogs that responded to Anipryl tended to do so within 1–2 months after treatment was initiated. Response to therapy varied between patients with some dogs showing improvement in presenting clinical signs and others showing improvement in only 1–2 parameters. Duration of response was also variable, with some dogs continuing on Anipryl for over 1 year with good control of clinical signs and others showing an initial response to therapy only to be followed within several months by recurrence of clinical signs of PDH. There was no correlation demonstrated between individual dog's clinical response to Anipryl and that dog's low dose dexamethasone suppression test results; therefore, monitoring should be based on history and physical examination findings.

REFERENCE 1. Rueht WW, Hart BL. Canine cognitive dysfunction, in Dodman N, Shuster L, ed. *Psychopharmacology of Animal Behavior Disorders*. Cambridge, MA: Blackwell Science, Inc, 1999.

HOW SUPPLIED Five tablet strengths are available in blister-packs of 30 tablets each: 2 mg, 5 mg, 15 mg, 15 mg and 30 mg. Each box contains 1 blister pack (30 tablets).

STORAGE Store at controlled room temperature 20°–25°C (68°–77°F).

For a copy of the Material Safety Data Sheet (MSDS) or to report adverse reactions call Pfizer Animal Health at 1-800-366-5288.

FAKE TIME — OBSERVE LABEL DIRECTIONS

Pfizer

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It's hard to say "welcome home" when I can't remember your face.



It's difficult to watch your dog age, especially if your old friend becomes forgetful and loses interest in your family. Frequently mistaken as signs of old age, these changes may be due to a common medical condition known as canine Cognitive Dysfunction Syndrome. Fortunately, Anipryl® (selegiline hydrochloride) offers

Some Common Signs Of Canine Cognitive Dysfunction Syndrome

- Doesn't recognize you
- Sleeps less at night
- Forgets housetraining
- Loses interest in family

new hope for millions of older dogs and their families. In studies, the most common side effects were vomiting, diarrhea or changes in behavior. Consult your veterinarian before using Anipryl with other medications or with tick collars. And if you ever miss having your old dog greet you, see your veterinarian or call 1-888-ANIPRYL.

ANIPRYL®

Giving old dogs a new lease on life.

See brief summary on adjacent page for important information.

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Animal Health

www.anipryl.com

excess heart tissue, present before birth, are a prime cause of arrhythmias in younger women. But for older women as well as men, aging-related arrhythmias, often linked with coronary artery disease, occur more frequently and can be serious. The most common such arrhythmia, affecting more than two million Americans, is atrial fibrillation (AF), in which the upper chambers of the heart quiver rather than contract, so blood pools in the heart instead of flowing smoothly through it. This greatly increases the risk of clotting, strokes and death.

"AF is essentially a disease of aging," says Frederick Munschauer, M.D., associate professor of neurology and internal medicine at the State University of New York at Buffalo School of Medicine, who notes that an estimated 5 to 10 percent of Americans over age seventy have AF, although many don't realize it. "My mother-in-law was visiting and complained of feeling light-headed," he recalls. "I took her pulse, and sure enough, she had AF."

Half of all deaths associated with coronary artery disease are due to arrhythmias

"The good news about AF is that it's treatable," says Munschauer. In individuals under age sixty who have AF but no other heart disease, a daily aspirin often reduces the risk of clots and strokes. Warfarin, an anticlotting medication used for this condition, can cut the risk of stroke by 80 percent in older women—significantly more than it does in men.

Because effective treatment starts with diagnosis, Munschauer and the National Stroke Association have developed a nationwide screening program called "Check Your Pulse, America" that recommends a sixty-second test of your heart rhythm. AF is easy to recognize—if you know what to look for. "The signature of AF is a very irregular pulse," Munschauer explains, "and we've found that, with instruction, most people can detect one." He recommends checking your pulse twice in a year—say, when you reset your clocks for daylight saving time—and any time you feel your heart rate change.

The Heart of the Matter

AF can come and go—but whether intermittent or constant, it's ominous. If untreated, AF greatly increases the risk of stroke and, particularly in women, of dying. "In people with healthy hearts, arrhythmias are mostly annoying but benign," notes Myerburg. "In people with heart disease, they're more dangerous. Half of all deaths associated with coronary artery disease are due to arrhythmias."

A recent analysis of data from the Framingham Heart Study, a long-term research project in Massachussets, found that for women, AF was associated with a 1.9 times greater mortality risk than that of women the same age. In men with AF, the increase in mortality was lower, but still noteworthy—1.5 times that of other men.

"AF eliminates the survival advantage we usually see in women," says Emelia J. Benjamin, M.D., director of echocardiography for the Framingham Heart Study. "Women tend to live longer than men. However, in our study, the risk of dying for women with AF at any given age looked similar to that of men of the same age with AF."

Other arrhythmias, such as PSVT, require patients to adapt their lives to the illness. An episode can cause confusion and in some cases lead to fainting. There is no warning of an upcoming episode, and it can be deadly if it occurs, say, while driving. "PSVT by itself isn't life-threatening, but it can be life-disrupting," says Myerburg. ●

Transderm Scōp®
scopolamine 1.5 mg

Transdermal Therapeutic System

Programmed to deliver *in vivo* approximately 1.0 mg of scopo over 3 days

Brief Summary
(For full prescribing information, see package insert)

INDICATIONS AND USAGE: Transderm Scōp is indicated for prevent nausea and vomiting associated with motion sickness in adults. The should be applied only to skin in the postauricular area.

CONTRAINDICATIONS: Transderm Scōp is specifically contraindic persons who are hypersensitive to the drug scopolamine or other ladonna alkaloids, or to any ingredient or component in the fo delivery system, or in patients with angle-closure (narrow angle

WARNINGS: Transderm Scōp should not be used in children and should used with special caution in the elderly. See PRECAUTIONS.

Since drowsiness, disorientation, and confusion may occur with use of scopolamine, patients should be warned of the possibil tioned against engaging in activities that require mental alertness driving a motor vehicle or operating dangerous machinery.

Potentially alarming idiosyncratic reactions may occur with therapeutic doses of scopolamine.

PRECAUTIONS

General: Scopolamine should be used with caution in patients wi obstruction, or urinary bladder neck obstruction. Caution should be cised when administering an antiemetic or antimuscarinic drug pa suspected of having intestinal obstruction.

Transderm Scōp should be used with special caution in thyroto in individuals with impaired metabolic, liver, or kidney functions, cau the increased likelihood of CNS effects.

Caution should be exercised in patients with a history of seizure chosis, since scopolamine can potentially aggravate both disorde

Information for Patients: Since scopolamine can cause temporar of the pupils and blurred vision if it comes in contact with the eye pa should be strongly advised to wash their hands thoroughly with soa water immediately after handling the patch. In addition, it is import used patches be disposed of properly to avoid contact with children or

Patients should be advised to remove the patch immediately and tact a physician in the unlikely event that they experience sym acute narrow-angle glaucoma (pain in and reddening of the eye, panied by dilated pupils). Patients should also be instructed to remove patch if they develop any difficulties in urinating.

Patients should be warned against driving a motor vehicle or dangerous machinery while wearing the patch. Patients who par these activities should also be aware of the possibility of withdrawal s toms when the patch is removed. Patients who expect to partici underwater sports should be cautioned regarding the potentially seri ing effects of scopolamine. A patient brochure is available.

Drug Interactions: Scopolamine should be used with care in taking drugs, including alcohol, capable of causing CNS effects. Sp attention should be given to drugs having anticholinergic (pe e.g., belladonna alkaloids, antihistamines (including meclizine) and depressants.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No adequ studies in animals have been performed to evaluate carcinogenic pote Fertility studies were performed in female rats and revealed no evide impaired fertility or harm to the fetus due to scopolamine hydrob administered by daily subcutaneous injection. In the highest-dose (plasma level approximately 500 times the level achieved in humans a transdermal system), reduced maternal body weights were observe

Pregnancy Category C: Teratogenic studies were performed in rats and rabbits with scopolamine hydrobromide administered intravenous injection. No adverse effects were recorded in the ra rabbits, the highest dose (plasma level approximately 100 times achieved in humans using a transdermal system) of drug admini had a marginal embryotoxic effect. Transderm Scōp should during pregnancy only if the anticipated benefit justifies the potenti the fetus.

Nursing Mothers: It is not known whether scopolamine is exc in human milk. Because many drugs are excreted in human caution should be exercised when Transderm Scōp is administered nursing woman.

Pediatric Use: Children are particularly susceptible to the side ef belladonna alkaloids. Transderm Scōp should not be used in because it is not known whether this system will release an a scopolamine that could produce serious adverse effects in children

ADVERSE REACTIONS: The most frequent adverse reaction to Tra Scōp is dryness of the mouth. This occurs in about two thirds of ple. A less frequent adverse reaction is drowsiness, which occurs than one sixth of the people. Transient impairment of eye accommo including blurred vision and dilation of the pupils, is also observed.

The following adverse reactions have also been reported on i occasions during the use of Transderm Scōp: disorientation; memo turbances; dizziness; restlessness; hallucinations; confusion; difficu nating, rashes and erythema; acute narrow-angle glaucoma; and re or red eyes.

Drug Withdrawal: Symptoms including dizziness, nausea, vo headache, and disturbances of equilibrium have been reported in patients following discontinuation of the use of the Transderm Scōp These symptoms have occurred most often in patients who have system for more than three days.

OVERDOSAGE: Overdosage with scopolamine may cause disorie memory disturbances, dizziness, restlessness, hallucinations, co psychosis, convulsions, bronchospasm and respiratory depress muscular weakness. Should these symptoms occur, the Transde patch should be removed immediately, adequate hydration should be tained, and appropriate symptomatic treatment initiated.

CAUTION: Federal law prohibits dispensing without prescription.

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Summit, NJ 07901-1312



*The Transderm Scōp® patch is clinically proven to work better than Dramamine®**



Transderm Scōp is more effective and longer lasting than Dramamine** at preventing the nausea and vomiting of motion sickness. Just peel off the backing and press it behind your ear at least four hours before boarding and relax. The medicine is consistently absorbed for up to three days. You can even shower with it. For shorter trips, remove the patch when no longer needed and the effects wear off. ***In clinical studies, 5 out of 6 people did not report drowsiness with Transderm Scōp.***

Ask your doctor about Transderm Scōp when you make your travel plans.

Not for children or those with glaucoma, difficulty in urinating, or an allergy to scopolamine or other belladonna alkaloids. In clinical studies, some side effects were noted, including blurred vision, dryness of the mouth (in two-thirds of users) and drowsiness (reported incidence less than 1 in 6). While using this product, you should not drive, operate dangerous machinery or do other things that require alertness. Avoid using alcohol. If you are elderly, your physician should exercise special care in prescribing this product. See adjoining page for additional information on potential adverse reactions or side effects.

Available by prescription only.

ASK YOUR DOCTOR ABOUT

TRANSDERM SCŌP® *scopolamine 1.5mg*

Call 1-888-806-SCOP **www.transdermscop.com**

*Compared to [illegible] ** Equal to [illegible]



"UNCLE SAM, I.O.U."

As you crunch the numbers on your 1998 tax forms, it becomes painfully clear that you owe much more than you thought. What if you don't have enough money to cover what's due? Believe it or not, the IRS has provisions in place to help strapped taxpayers. "Regardless of what you owe, the most critical step is to file your tax return on time to avoid penalties," stresses Beanna Whitlock, a tax law instructor at the National Center for Professional Education, in New Orleans.

After your filing is recorded, you'll begin to receive balance-due notices every four to six weeks from the IRS. Send in as much as you can afford with each notice. Be aware that you'll need to pay the entire debt plus interest within six months, says Whitlock, to avoid being referred to the IRS collections branch—a very serious matter.

If you aren't able to make that cutoff, and you owe less than $10,000, you can enter into a two-year installment agreement with the IRS simply by filling out Form 9465 and attaching it to your return—there is a $43 fee, and you'll have to pay an annual interest charge of about 7 percent, compounded daily.

If you really don't have the income or assets to make good on the debt—and you can prove it—the IRS may forgive a portion of the outstanding balance and settle on a compromise amount. Fill out Form 656 (you'll need a financial professional's help).

—J.S.P.

LITTLE-KNOWN IRS FACTS*

*(that you really should know)

You need to tell the IRS when you move. If the IRS sends you a bill for taxes owed, but your mail is not forwarded to your new address promptly, you'll be charged interest—and blaming the post office won't get you off the hook. What if the notice *never* reaches you? Tack on penalty fees for not paying. Be sure to submit Form 8822 (change of address) to update IRS records.

You earn it, you must report it. Most people don't realize this means gambling winnings, too. (Be aware that casinos are required to alert the IRS to any payout over $1,200.)

State refund money counts as income, too. Did you deduct your state and local income taxes on your federal return last year? If you did, *and* received a refund from your state, then you must declare that refund money on your federal tax return *this* year.

It's okay to change your mind. Have you and your spouse been filing separate returns? If you re-calculate the numbers and find you would have done better filing jointly, you have three years to amend a return and get refunds.

—Janine S. Pouliot

FAIRER PAY DAY

Mark April 8 on your calendar—it's the day that symbolizes when women's earnings will finally equal what men made during 1998. So says the National Committee on Pay Equity (NCPE), a nonprofit research and advocacy group in Washington, D.C. On average, women still earn only seventy-four cents for every dollar a man makes: hence the establishment of Equal Pay Day, when we finally "catch up." Rallies, debates and educational briefings will take place in communities around the country on April 8. The NCPE also suggests that women take a coffee break at 2:55 P.M.—the point in a typical eight-hour workday when men have already earned what it will take women all day to make.

—Anna Roufos



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10 mg "tar," 0.7 mg nicotine av. per cigarette by FTC method.

SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

BEAT YOUR RISK FACTORS



DURING HER LIFETIME, A WOMAN FACES:

1 in 2 chance of dying from cardiovascular disease

1 in 8 chance of getting breast cancer

1 in 13 chance of dying from a stroke

1 in 18 chance of getting lung cancer

1 in 18 chance of getting colon cancer

1 in 57 chance of getting ovarian cancer

SOME SURPRISING AND SIMPLE STEPS FOR AVOIDING DEADLY ILLNESSES THAT STRIKE WOMEN

BY CHARLOTTE LIBOV

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For most of these illnesses, the risk remains low for younger women. For example, at age thirty-nine, your chance of developing breast cancer is 1 in 231; but your risk of getting breast cancer between your fortieth and fifty-ninth birthdays is 1 in 25.

To beat the odds, don't wait to take action. Start now—whatever your age. Here are smart steps all women should consider.

BREAST CANCER

An estimated 175,000 women will be diagnosed with breast cancer this year. Your risk increases with age and with a family history of breast or ovarian cancer. Certain racial and ethnic groups are more susceptible, including black women under the age of forty-five and Ashkenazi Jewish women. Women who got their periods before age twelve, who did not have children before age thirty-one, or who went through menopause after age fifty are also at increased risk. Long-term use of hormone replacement therapy may increase your likelihood of getting breast cancer.

- You can inherit the genetic mutation that is associated with breast and ovarian *(continued)*

HOW LONG SINCE YOU FELT THE TINGLE?



FEEL THE TINGLE

Nothing kills more bad breath germs.

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cancers from either your mother's or your father's family. Don't forget your father's relatives when you are tracking your family medical history.

- The vast majority of lumps and breast changes (such as dimpling of the skin, pain or discharge) are found to be harmless. But you can't differentiate between benign problems and cancer on your own. Plus, some noncancerous conditions warrant treatment. Contact your doctor immediately for an exam.
- If you notice anything suspicious about your breast, don't wait to see if the doctor detects it or if it shows up on a mammogram. Bring it to your doctor's attention immediately.
- **After you've had a mammogram, don't assume that everything is fine if you do not receive the results. Call and follow up. Ask for a written report and check with your doctor if there is anything you don't understand.**

HEART DISEASE

Heart disease is the number-one killer in the United States. About 240,000 women die from the disease each year—more than five times as many as those who die from breast cancer. A family history of heart disease raises your risk, as does high blood pressure, diabetes, obesity, smoking, inactivity, stress and depression. If you smoke, using oral contraceptives also increases your chances of getting the disease or having a stroke.

- In the past, a woman's ovaries were often removed during a hysterectomy. If you are going to undergo a hysterectomy, and there is no medical necessity to remove your ovaries, discuss retaining them. The estrogen they may continue to produce until menopause will help protect you from heart disease and osteoporosis.
- If you smoke, quit. This is even more important if you already have heart disease, because smoking increases your risk of a heart attack. Furthermore, smoking slows recovery from all cardiac surgeries.
- **If you think you may be having a heart attack, get to the emergency room immediately. Tell the medical staff that you believe you are having heart attack and relate your symptoms as specifically as possible. Doctors may discount your symptoms as a panic attack if you are overly agitated.**

STROKE

About six-hundred thousand Americans suffer a stroke each year. More than ninety-six thousand women die from the condition each year in the United States, which accounts for 61 percent of stroke deaths. Stroke is the leading cause of serious long-term disability.

- Frequently, strokes progress over several hours. The victim may first become dizzy, then notice her vision dimming and later begin experiencing paralysis. Other symptoms include sudden, severe headache; coordination difficulties; confusion or speech problems and sudden numbness.
- **A transient ischemic attack (TIA), or mini-stroke, can have the same warning signs mentioned above, yet be fleeting. If this happens to you, resist the urge to brush it aside. A TIA is a warning sign of an impending larger stroke.**
- Treating high blood pressure is extremely important, but it doesn't eliminate stroke risk completely. If you have high blood pressure—even if it is well controlled—stay alert for any stroke warning signs.
- If you believe you may be suffering a stroke, call an ambulance. Studies show that you can get treatment more quickly that way than by calling your family physician. Ask the emergency-room staff about the new stroke medications that must be taken within three hours. Then have them contact your regular doctor. A physician who is familiar with you may be able to recognize subtle abnormalities, such as a weakness in your hand, that might otherwise be overlooked.

COLON CANCER

Each year, an estimated 51,700 American women develop colon cancer, and 24,900 women die from the disease, making it the third leading cause of cancer deaths. Eating a diet high in saturated fat appears to increase colon cancer risk; a diet rich in fiber, fruit, vegetables and calcium appears to be protective. (This recommendation has not changed despite a recent study showing that fiber does not protect against colon cancer.)

- Early detection of colon cancer increases the chances of survival significantly. If your family history suggests that you may be genetically predisposed to colon cancer, talk it over with your doctor. She can recommend a screening regimen that could save your life, or may suggest genetic counseling.
- **Colon cancer can cause gastrointestinal symptoms that may mimic irritable bowel syndrome and ulcerative colitis. Only your doctor can give you tests to make the distinction.**
- The detection and removal of polyps (small growths in the colon that can later turn cancerous) is one of the surest ways to reduce the risk of colon cancer, especially in older women. Polyps that grow large and become cancerous often cause no symptoms. This is why regular screening tests are so important. For people age fifty and over, the American Cancer Society recommends a fecal *(continued)*

FATIGUE, A COMMON WARNING SIGN OF CANCER, IS EASILY OVERLOOKED OR MISINTERPRETED

an you name five essential ingredients for strong, healthy bones?

1. Calcium
2. _____
3. _____
4. _____
5. _____

If you can't get past "calcium," better start drinking this.



Introducing Ensure® High Calcium.

Sure, you know you need calcium to help build strong bones. But you also need Vitamin D to help absorb that calcium. Plus magnesium, phosphorus and protein. That's why there's Ensure High Calcium, with nutrients for strong, healthy bones, plus the complete, balanced nutrition of Ensure. Any questions?

Drink to your health every day.

Answers: Calcium. Protein. Vitamin D. Magnesium. Phosphorus

...on Products Division, Abbott Laboratories

blood test annually, and a sigmoidoscopy every five years or colonoscopy every ten years.

LUNG CANCER

"Lung cancer is the leading cause of cancer deaths among women, higher than breast cancer," says Diane Stover, M.D., chief of pulmonary services at Memorial Sloan-Kettering Cancer Center, in New York City. From 1975 to 1995, the age-adjusted rate of lung cancer decreased in men, but it doubled in women. This year, 77,600 American women will be diagnosed with—and sixty-eight thousand will die of—the disease. The cause for 87 percent of cases is smoking. Some of the remaining cases are believed to be linked to exposure to radon gas and asbestos.

- Fatigue, a common warning sign of lung cancer, is easily overlooked or misinterpreted.
- If you are a heavy smoker or if you were in the past, ask your doctor for an annual chest X ray. Although not accepted as a widespread screening tool, it could save your life.
- If you smoke, the most important step in saving your life is to quit.
- **Some women who find it impossible to quit smoking are clinically depressed or suffer from anxiety disorder; smoking helps keep the symptoms at bay. If you think you may be in this group, consider getting psychological counseling and/or medication before you try to give up cigarettes.**

OVARIAN CANCER

This year, an estimated 25,200 new cases of ovarian cancer will be diagnosed in the United States, and an estimated 14,500 women will die of the disease. Ovarian cancer often has no early warning signs, and the cause of the disease is not known. Although relatively rare, ovarian cancer is deadlier than any other female reproductive-tract cancer because it is usually diagnosed at a late stage.

- If you develop an ovarian cyst, your doctor may advise you to wait to see if it vanishes on its own (they are benign in about 95 percent of cases and usually disappear without treatment). If the cyst continues to grow or causes symptoms such as pain and bloating, have it evaluated further.
- **Women with undiagnosed ovarian cancer often complain of a sense of abdominal fullness, even when they should be hungry. This can be due to fluid buildup caused by the cancer. This symptom is often misdiagnosed as a hiatal hernia or gallbladder disease. Other warning signs can include unexplained menstrual disorders, indigestion, vague but persistent stomach complaints, frequent urination or constipation.**
- If you are think you may have ovarian cancer, consider seeing a gynecological oncologist—a gynecologist who specializes in cancer. Gynecologists, who often see only a few cases of ovarian cancer in their entire career, may not be as skilled in diagnosing it. ●



LHJ BOOK BAG

***Beat Your Risk Factors, A Woman's Guide to Reducing Her Risk for Cancer, Heart Disease, Stroke, Diabetes and Osteoporosis*, by Charlotte Libov, identifies the ten deadliest diseases for women and gives you the information you need to fight back. You'll also explore the relationship between genetics and disease, and learn how to map your medical family tree.**

This 352-page hardcover book is available by special arrangement with Penguin Putnam Inc., and sells for $19.95, which includes shipping, handling and applicable sales tax.

To order, call 800 763-[illegible]93 (MasterCard, Visa and Discover Card users) or send your name, address and check or money order to: *Ladies' Home Journal*® Resources, [illegible] P.O. Box 9381, Des Moines, IA 50306-9381. Please specify title.

Lifesaving Strategies

1 **If charting your family medical tree turns up a potentially dangerous trend, don't panic. Factors other than genetics, such as unhealthy habits, may be responsible for the illnesses. Check with your family physician or consult a professional genetics counselor to help you sort through the information.**

2 **If you have a strong family history of a disease, find out who the experts are in the field and where they practice. Have a game plan ready in the event you develop the condition.**

3 **Too often, when a disease becomes known for occurrence in older women, that is misinterpreted to mean it never affects younger women. If a doctor tells you you're too young to have a condition, such as breast cancer or heart disease, for example, be skeptical. If you get treatment for any symptoms and they persist, make certain your concerns are addressed.**

4 **Whenever you seek a second opinion, find a doctor with no ties to the first. Doctors who practice together may hesitate to disagree with each other. Seek out a doctor who works in a different medical group, or is affiliated with a different hospital than the first.**

5 **Studies repeatedly show that Americans don't drink enough water. Eight glasses a day is the recommended amount. Caffeinated substances like tea and coffee don't count; they are diuretics, so they can actually be dehydrating.**

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NEW OPTION
FOR TYPE 2 DIABETES!

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DIABETES

s uncontrolled...

GLUCOPHAGE

:an help.

LUCOPHAGE (pronounced "glue-ko-fahj") is the most prescribed pill for type diabetes. And now **GLUCOPHAGE** has been approved for use together with sulin. New studies have shown that **GLUCOPHAGE** added to insulin lowers blood igar better than insulin alone.

GLUCOPHAGE® (metformin hydrochloride tablets) lowers blood sugar and may reduce the amount of insulin you need. With diet and exercise, it can be used alone, with pills called sulfonylureas, and now with insulin.

GLUCOPHAGE treats the root causes of type 2 diabetes: it makes better use of your body's natural insulin, lowers sugar production, and reduces sugar absorption.

With **GLUCOPHAGE** your weight should stay the same or you may even lose some.

:ontrolling your blood sugar is important because it can prevent or delay complications uch as blindness and amputations. So ask your doctor if **GLUCOPHAGE** is right for you.

or more information, call 1-800-427-5141.

ASK YOUR DOCTOR ABOUT...

GLUCOPHAGE®
(Metformin Hydrochloride Tablets)500 mg

THE MOST PRESCRIBED DIABETES PILL

side effects occur, they are normally minor ones such as diarrhea, nausea, and upset stomach. he most serious side effect associated with GLUCOPHAGE is called lactic acidosis. Lactic cidosis associated with GLUCOPHAGE is rare and has occurred in one in 33,000 patients on GLUCOPHAGE over the course of one year. If lactic acidosis occurs, it can be fatal in up to half he cases. You should not take GLUCOPHAGE if you have kidney disease or dysfunction, if you re 80 or older (unless you have first had your kidneys tested), if you are taking medication for :ongestive heart failure, if you have a history of liver disease, or if you drink alcohol excessively. There is some evidence that some oral diabetes drugs may increase the risk of heart problems. Please see additional important patient information.

Bristol-Myers Squibb Company

www.glucophage.com

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F5-K094 Issued March 1999 Printed in USA

Rx only

PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg, 850 mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?

Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fah) to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?

People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?

Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?

High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?

Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?

When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?

Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?

GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?

If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q10. Are there any serious side effects that GLUCOPHAGE can cause?

GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q11. What is lactic acidosis and can it happen to me?

Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about one in 33,000 patients taking GLUCOPHAGE (metformin hydrochloride tablets) over the course of a year. Although rare, if lactic acidosis does occur, it can be fatal up to half the cases.

It's also important for your liver to be working normally when you take GLUCOPHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on you from time to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or liver.

Q12. Are there other risk factors for lactic acidosis?

Your risk of developing lactic acidosis from taking GLUCOPHAGE is very low as long as your kidneys and liver are healthy. However, some factors can increase your risk because they can affect kidney and liver function. You should discuss your risk with your physician. You should not take GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medications, e.g. digoxin (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast agents
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection or stroke
- You are ≥ 80 years of age and have NOT had your kidney function tested

Q13. What are the symptoms of lactic acidosis?

Some of the symptoms include: feeling very weak, tired or uncomfortable; unusual muscle pain, trouble breathing, unusual or unexpected stomach discomfort, feeling cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular heartbeat.

If you notice these symptoms, or if your medical condition has suddenly changed, stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is a medical emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of lactic acidosis?

Tell your doctor if you have an illness that results in severe vomiting, diarrhea or fever, or if your intake of fluids is significantly reduced. These situations can lead to severe dehydration, and it may be necessary to stop taking GLUCOPHAGE temporarily.

You should let your doctor know if you are going to have any surgery or specialized x-ray procedures that require injection of contrast agents. GLUCOPHAGE therapy will need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?

Remind your doctor that you are taking GLUCOPHAGE when any new drug is prescribed or a change is made in how you take a drug already prescribed. GLUCOPHAGE may interfere with the way some drugs work and some drugs may interfere with the action of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?

Tell your doctor if you plan to become pregnant or have become pregnant. As with other oral glucose-control medications, you should not take GLUCOPHAGE during pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As with all medications, you and your doctor should discuss the use of GLUCOPHAGE if you are nursing a child.

Q17. Are there other risks associated with GLUCOPHAGE?

There is some evidence that any oral diabetes drug may increase the risk of heart problems. Experts are not sure what the real risk is for heart problems, if any, of taking oral diabetes medicine.

Q18. How do I take GLUCOPHAGE?

Your doctor will tell you how many GLUCOPHAGE tablets to take and how often. This should also be printed on the label of your prescription. You will probably be started on a low dose of GLUCOPHAGE and your dosage will be increased gradually until your blood sugar is controlled.

Q19. Where can I get more information about GLUCOPHAGE?

This leaflet is a summary of the most important information about GLUCOPHAGE. If you have any questions or problems, you should talk to your doctor or other health-care provider about type 2 diabetes as well as GLUCOPHAGE and its side effects. There is also a leaflet (package insert) written for health professionals that your pharmacist can let you read.

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Revised December 1998

6060DIM96
F5-B001R-1298

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ntinued from page 44

ites or food rituals. Occasionally becomes overly absorbed in ira-nal thoughts—he is still on a very all dose of antianxiety medica-n—but we curtail them by telling n firmly, "You're floating away om reality again."

Adam and Rachel have bonded now at he doesn't try to dominate her, d they love to play and create comic oks together. He obeys house rules well as any eleven-year-old would, id most important, he's flexible and le to cope with changes and disap-ointments. Adam is demonstrating a nse of empathy, too. When I offered im my jacket on a recent chilly day, e asked, "Will you be all right?"

We may never know exactly what aused Adam's problems. His first psy-hiatrist thought he had Asperger's ndrome, a pervasive developmental lisorder of social impairment and ob-essive interests. But many children vith Asperger's have no psychotic symptoms, so the label may be inap-propriate. Recently, we learned that experts at the Yale Child Study Center have developed a proposed diagnosis called multiplex developmental disor-der, which more accurately describes the whole range of our son's behavior.

Adam worries a lot about being considered weird, but his intelligence is becoming a social asset. His class-mates, who don't know about his background, ask for his help in math. Assigned to write an extra chapter for *The Little Prince*, the novel about a little boy who travels alone to strange planets, Adam reunited the prince with his long-lost family.

Just the other day, we were all sit-ting at the kitchen table together. Adam looked up from his chocolate milk and said, "Bellevue feels like it was fifty billion years ago."

It was. ●

Laurie Joan Aron has written for The New York Times, FamilyFun and other publications.

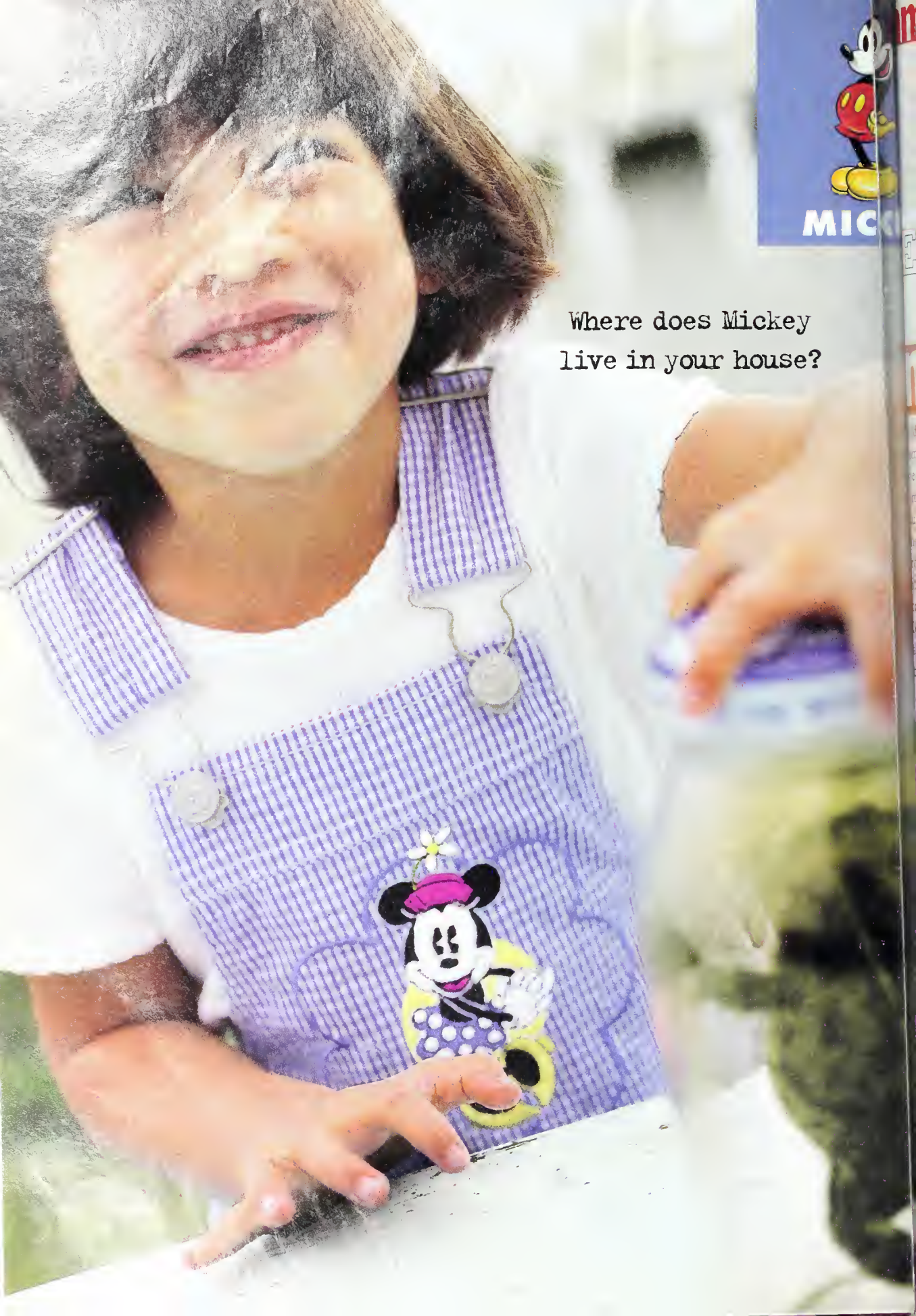
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Where does Mickey
live in your house?



MBARRASSING QUESTIONS

ommy, why is that lady so fat?" your shouts as he points to the an standing ahead of you in Though you can't help but red, you can rest assured: osity is a natural part of l development. "Kids nd age two and up notice ences and want to under- d them," says Claire B. , Ph.D. What's an embar- d mom to do? Instead of ling your child on the spot, calmly and quietly say, "Let's talk about it at home." When you do sit down together, try to teach your child about the importance of acceptance and tolerance. "Tell him that people come in different colors, shapes and sizes," says Kopp, "and explain that differences make the world interesting." Finally, help your child understand how his comments about people can hurt their feelings.

—Arricca Elin SanSone

'S A FACT *Are your kids on e payroll? According to a irvey conducted by Lutheran rotherhood, only 56 percent f American families ive their children allowances.*

TWO'S COMPANY

It's hard enough for parents to learn to share their love and time equally among each other, let alone when they also have to contend with sibling squabbles that can easily escalate. To help your kids become better roommates, follow these tips from Marion Kramer, Ph.D., a psychologist at the University of Illinois in Urbana-Champaign.

- Let them decide together how to decorate. As your kids pick out paint colors and posters and negotiate the best way to arrange the beds, they'll learn compromise and teamwork—and maybe even get to know each other better.
- Set rules about what's shared property and what's not. Give each child a sibling free zone—a toy chest, bookshelf or closet that's all his.
- Stagger bedtimes so each child gets time alone with you. Tuck your younger child into bed first with a bedtime story, then spend quiet time with your older child before it's time for lights out.
- Hold your children jointly responsible for cleaning up their own messes. Your older child won't grow up feeling responsible for everyone else, and your younger won't escape responsibility altogether.

—Jennifer L. Montgomery



CURING LAST-MINUTE-ITIS

Whether it's your daughter's last-minute book report or your husband's eleventh-hour gift hopping, when the people you love rocrastinate, your life can become haotic. Frank J. Bruno, Ph.D., author of *Stop Procrastinating* (Arco, 1997), explains how to handle the dawdlers in your family without reshuffling your schedule or flying off the handle.

Avoid labels and nagging. Calling your mate absentminded or your child disorganized doesn't accomplish anything, says Bruno. Doing so might also create a self-fulfilling prophesy. "Nag a person long enough, and he or she may delay twice as often just to spite you."

Give them the facts. If a procrastinator's actions adversely affect you—say, your credit card is refused because your husband forgot to mail the check—describe the specific repercussions. Instead of "You never pay the bills on time," say, "The card was refused because the bill is past due."

Don't forget to say thanks. When your child completes his homework on time, or your spouse runs errands without being reminded, thank him. Don't admonish, "See, I told you you'd feel better getting this done in advance."

—A.E.S.



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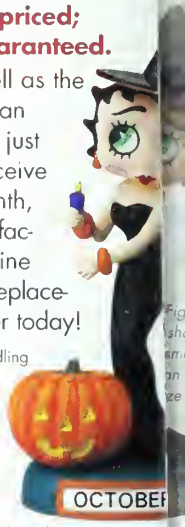
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Babies in Danger?



NO

After using the program with their four children, the Swathwoods say it's effective—and safe



YES

The Kambases contend that their baby daughter nearly starved on the plan

These two families followed a popular but controversial **child-rearing program**. One says their children thrived; the other says their baby's health suffered. Does this parenting method **go too far**? By Jenny Dean

Jennifer Kambas didn't know what to do. Her newborn daughter, Elizabeth, wouldn't stop crying. Kambas, thirty-six, longed to comfort her, but in the parenting class she and her husband had taken, they had been warned that picking up the baby every time she cried would only encourage her to cry more.

The Kambases were well-educated professionals, but when it came to babies, they were lost. Their friends and their faith pointed them to one man: Gary Ezzo, a conservative Christian minister who has created a controversial child-rearing plan designed to mold infants into well-behaved, respectful children. His program has become increasingly popular—almost two million parents across the country have now tried it.

When Kambas became pregnant, she and her husband took one of Ezzo's "Preparation for Parenting" classes near their home in Laguna Beach, California. A cornerstone of the minister's teachings is that new parents must instill order in their homes to stave off exhaustion. Kambas liked Ezzo's idea of feeding her baby every two and a half to three hours—rather than on demand, as other experts advised—so that the infant would sleep through the night by eight weeks.

But when Kambas mentioned the program in her Lamaze class, the instructor advised her not to follow the Ezzo schedule. There had been problems, she said, of babies not gaining enough weigh or failing to thrive from not bein fed often enough. After Elizabe was born, three pediatric nurse at the hospital also told her to fee the baby on demand.

"I ignored them all," Kambas a mits. "The woman who taught o [Ezzo parenting] class said, 'They going to tell you in the hospital feed the baby when the baby hungry. . . . Just smile at them.'"

But once Elizabeth came hom "She would cry and cry, but w wouldn't feed her because it wasn time," Kambas says. "I called th person who taught the class. Sh said [Elizabeth] was probably jus getting used to her schedule."

"We were so stupid," Kambas say "But I really believed *(continued*

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[illegible] on data for individuals under age [illegible]

program was the most bib- based."

When Elizabeth was five weeks old, she cried so long and hard one night that Kambas became frightened and rushed her to an all-night clinic. The doctor there weighed the baby and discovered that she had gained less than a pound and a half since birth. (Typically, a baby has gained more than two pounds by this time. The doctor turned to Kambas and asked, "What's going on here?" She broke down and told the clinic staff about the feeding schedule she had Elizabeth on.

The doctor was adamant: Kambas had to start feeding Elizabeth more often. That night, she began to feed Elizabeth on demand. In seventeen days, the baby gained nearly five pounds.



Looking back, Kambas is tormented by the thought of what she did to her baby. "[She] was so little," Kambas says. "We were starving her."

Parents in Charge

Gary Ezzo is skeptical. He's heard these kind of stories before, and dismisses them as either made up or extremely rare. "We don't teach hunger," he says.

Ezzo, fifty, has touched off a firestorm within the world of child rearing by serving up counsel counter to the prevailing wisdom. With no medical training or pediatric background other than being a father to two grown daughters and grandfather of six, Ezzo contends that his message is the one that weary and frustrated parents crave.

"We're an alternative to the last [illegible] five to thirty years of runaway permissiveness," he insists. "It is not [illegible] popular parenting advice that is being rejected, but the values of the last forty years."

Ezzo began advising parents in 1983, when young parents came to him because they were impressed by the behavior of his two teenage daughters. Soon Ezzo was meeting with other couples for a weekly class on Christian child rearing at his church. Today, he and his wife, Anne Marie—a registered nurse who


Gary and Anne Marie Ezzo's parenting advice is rooted in their Christian convictions

Ezzo believes that children are born with a "sin nature"

has not practiced in more than a decade—run an organization that promotes family ministries called Growing Families International, based in Simi Valley, California.

The couple's religion-based program, called Preparation for Parenting, and the second in their series, Growing Kids God's Way—along with the book, videotape and audiotape versions—is now distributed or taught in at least eight thousand churches across the country. To appeal to a secular audience, Ezzo removed all biblical references from his books, added Colorado pediatrician Robert Bucknam, M.D., as a co-author and renamed the parenting manuals *On Becoming Babywise* and *On Becoming Babywise II*. Revised last year, *On Becoming Babywise* has sold more than a quarter of a million copies since it was first published in 1993.

Ezzo's advice is rooted in his fundamentalist Christian convictions. In his curriculum he tells pare[nts] children are born with a "[sin] ture." In *On Becoming Babyw[ise]* writes: "A child is born w[ith] propensity to defy parental [lead]ship. . . . The job of the pare[nt] is transform the [child's] hea[rt] what it is to what it should be."

In his books and tapes, Ez[zo] lines a daily time line for in[fant] feeding immediately after t[he] up, a specific period of time [awake] and then back to bed witho[ut] usual crutches of rocking or [nursing] the child to sleep.

He suggests that children w[ho] not on his program may be at [risk] learning disorders. "Some resear[chers] believe there is a cause-and-effect [re]lationship between poor sleep[ing] and the rate of attention-defi[cit hy]peractive disorder," he writes.

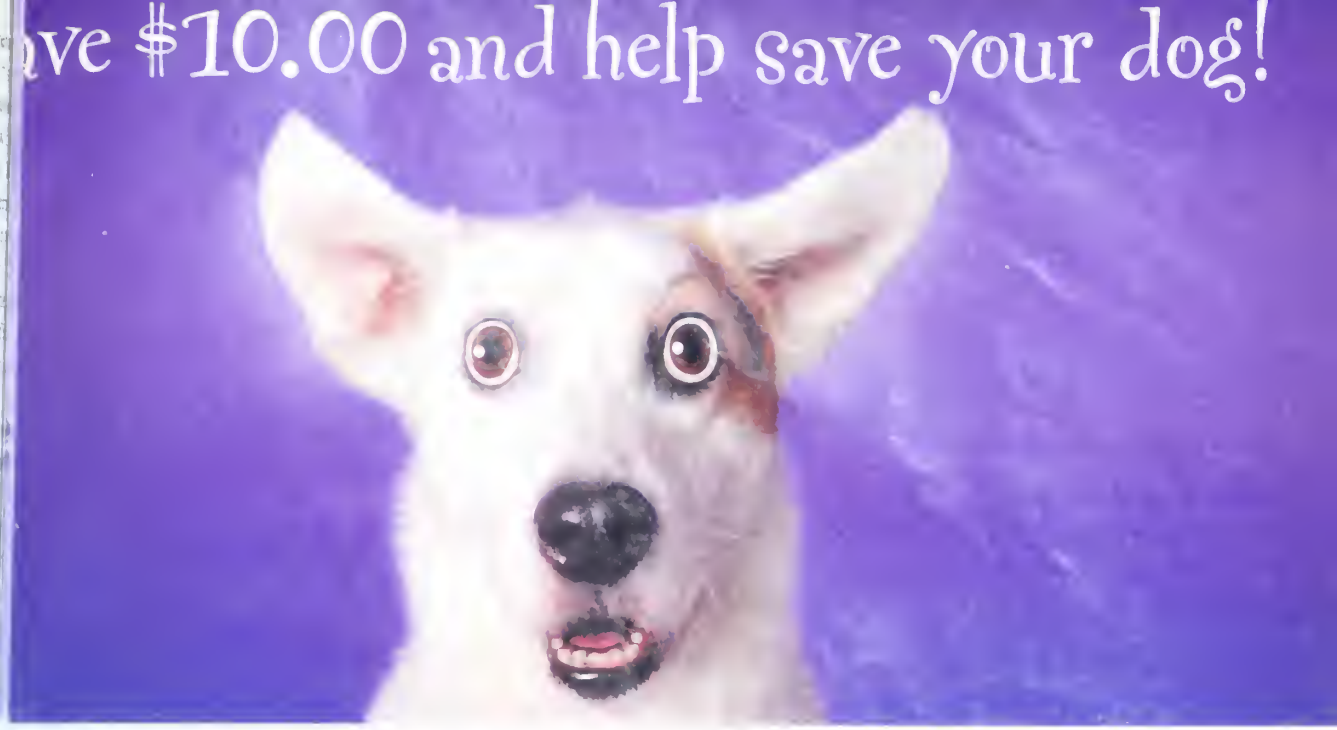
By eight or nine months of [age], says, babies should learn "hig[h-c]hair manners" so they won't f[ling] their food, and sign langu[age] communicate "please" a[nd] "thank you." If the child will[fu]lly misbehaves, Ezzo sug[gests] disciplining him or her w[ith] stern words, isolation or [a] swat on the hand. "Pain gets the attent[ion] of children faster than anything [else]," he writes in *Growing Kids God's W[ay]*.

By nineteen months, swattin[g] can be replaced with spanking, says Ezz[o], who advises parents to use a fl[exible] tool that will sting, but that [will] damage the child's bone or m[us]cle. "If there is no pain, then the instr[u]ment is probably too light or [not] flexible," Ezzo counsels.

This advice clashes with th[at] most parenting experts. In fact, [last] year the American Academy of [Pe]diatrics (AAP) cited the negati[ve] consequences of spanking and re[com]mended other methods of [dis]cipline instead.

Despite his spartan methods, [it's] easy to see why Ezzo's program is popular. His books are slim, with easy instructions. His tapes are [talk] and encouraging. He talks about the importance of a strong marriage, urging parents to carve out fifteen minutes for themselves each *(continued)*

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night with "couch time," when kids are excluded, so a couple can talk without interruption. "We empower parents," he says.

Shannon Swathwood, thirty-five, a mother of four in San Antonio, says Ezzo's philosophy "is the kind of commonsense parenting that has disappeared."

Swathwood turned to Ezzo in 1994. Her second child, then five months old, would wake from naps still sleepy and cranky, she explains. She read *Preparation for Parenting*, and began "helping him to learn to sleep longer." She would set a timer and let him cry first five, then ten minutes before comforting him. After five days, her son began taking longer naps and was more cheerful when he was awake.

Today, she uses one of Ezzo's methods she calls "blanket time" with her youngest. The two-year-old has been taught to play on her blanket without leaving its edges, and will now do so for up to forty minutes.

Swathwood is convinced the training she does now will pay off later. "I want my children to have self-control," she explains. "I want them to think about others."

Dangerous Methods?

But some of Ezzo's advice alarms doctors. Perhaps most controversial is his "parent-directed feeding" plan, in which newborns are put on eating schedules so they will sleep through the night at an early age. This advice directly contradicts the recommendation of the American Academy of Pediatrics. "Scheduled feedings designed by parents may put babies at risk for poor weight gain and dehydration," the AAP said in a statement released last April.

One of Ezzo's most vocal critics is William Sears, M.D., a California pediatrician who has written more than twenty books on child rearing and is a strong advocate for early parent-child attachment. He has called the Ezzo method "the most dangerous I have seen in my twenty-five years as a pediatrician."

Penelope Leach, Ph.D., a child psychologist and author of the best-selling *Your Baby and Child* (Knopf, 1997), also finds some of Ezzo's positions alarming. "This advice, if applied to all newborn babies, is bad advice," she says. "There may be some babies who can go three hours between feedings, but there are none who should."

Others have also voiced concern. In September 1998, the AAP passed a resolution to "continually evaluate infant-management programs such as *Preparation for Parenting* and *On Becoming Babywise*." This came after more than one hundred health professionals across the country asked the AAP to look into the programs, calling them potentially harmful. The 1999 revised edition of the textbook *Breastfeeding and Human Lactation* now contains a warning that problems including poor weight gain and failure to thrive may be linked to Ezzo's program.

> Ezzo calls his approach old-fashioned common sense. "We empower parents," he says

In January 1997, a medical committee at the Forsyth Medical Center, in Winston-Salem, North Carolina, compiled a report outlining concerns they had with information dispensed by Ezzo. This came after the medical staff discovered the mother of a newborn in the neonatal intensive care unit was not feeding her baby often enough because she was using the Ezzo schedule.

David Carr, M.D., a pediatrician in Orlando, Florida, treated a patient who was on the Ezzo program. The six-month-old girl showed signs of starvation; her mother had been following a rigid feeding schedule.

Eventually, the child began refusing food and had to be placed on a feeding tube for at least a year. Carr diagnosed her condition as "failure thrive due to unexplained anorexia After tests ruled out other possib causes, he concluded there w a connection between the rig scheduling and the girl's problems. think it was an awfully big coinc dence if it wasn't related," he says.

Jan Barger, a registered nurse ar past president of the Internation Lactation Consultant Association, Raleigh, North Carolina, said she r peatedly hears stories from doctor nurses and lactation consultants of i fants who are left to cry. find this dangerous not only o a physical level but also on psychological level," says Barg er. "When the baby is ignorec he does not develop a trust re lationship with his parents."

Ezzo insists his advice i sound and is backed up by medical advisory board of twenty-fiv physicians involved in pediatric care For every doctor who is critical of hi program, he says, there are plent who support him. "The vast majorit of American Academy of Pediatri Fellows would be right where w are," he insists.

He also points out that his book and tapes advise parents to use flexibility and common sense, and caution against following his schedule too rigidly. "We can't be blamed fo people who are hyper-schedulists when we teach not to do it."

Ezzo's co-author, Robert Bucknam, a pediatrician in the Denver area, adds that *On Becoming Babywise* was revised last year to make the point about flexibility even stronger. The parent-directed feeding program has been modified, as well. Instead of telling parents to feed their infants an average of six to eight times per day as he did several years ago, Ezzo now instructs mothers to feed babies an average of eight to ten times per day. That is consistent with the eight to twelve times per day that the AAP recommends.

Despite the controversy, Kristen Ross, twenty-nine, from Bradenton, Florida, has nothing but praise for Ezzo's program. Before she tried it in 1993, every *(continued on page 189)*



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Tales of the Oscars





Glory be! Denzel brings home the gold, but what happened backstage was the real story



JOEL SIEGEL, THE ENTERTAINMENT EDITOR FOR *GOOD MORNING AMERICA*, SHARES HIS FAVORITE STAR-STUDDED OSCAR MEMORIES WITH LHJ



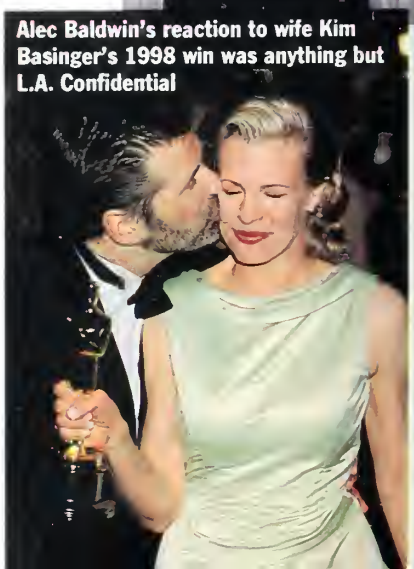
Whoopi whoops it up in 1991

The Oscars are the most glamorous event of the year, even by Hollywood standards. The limos, tuxes and strapless gowns (and the gownless straps, if Cher is coming) start forming in the afternoon. The carpet really is red and a swarm of press lines up on both sides. Fans cram onto bleachers to cheer as their favorite stars parade by.

Inside the Dorothy Chandler Pavilion, however, the atmosphere is a lot less convivial. It's a tough audience at the Oscars, perhaps the toughest. There is a great deal at stake. Nobody is there to have a good time, and many of the nominees are overcome with nerves. I discovered this the first time I visited the rest room. Many people there had been very sick. Better to stay right outside in the lounge, the best place in the house to gossip, handicap and hobnob.

Unless you are a seat filler. These are the gorgeous young men and women dressed to the nines who wait in the aisles. When someone wins, presents an award, doesn't show, or needs to use the rest room, a seat filler *(continued on page 112)*

Alec Baldwin's reaction to wife Kim Basinger's 1998 win was anything but L.A. Confidential





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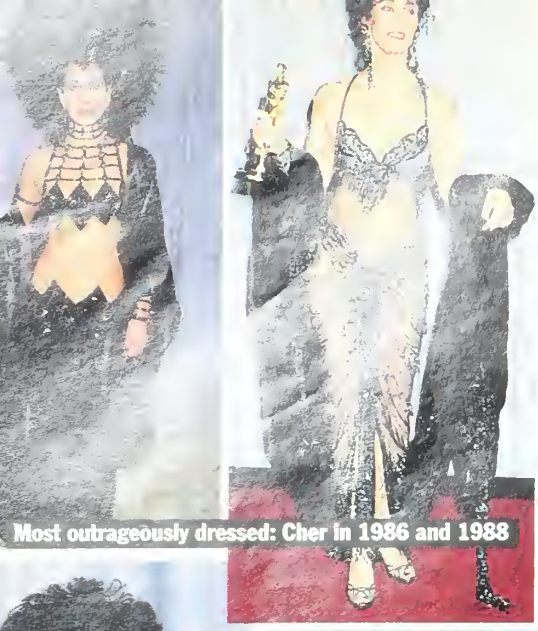
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Continued from page 108

takes his or her place so the TV audience doesn't see an empty seat. It's the gig of the year for an unknown actor who might find him- or herself elbow to elbow with an Oscar-winning director.

In fact, a lot of what's fun about the Academy Awards occurs off camera. Here is my personal collection of the best behind-the-scenes moments.



Most outrageously dressed: Cher in 1986 and 1988

THE PICTURE I'LL NEVER FORGET

In 1990, Best Supporting Actor was the first Oscar announced. That year, when Denzel Washington won for *Glory*, he came backstage to talk to the press. He said, "I'm starving; how many interviews do I have to do before I can eat?" I explained that the parties wouldn't begin for another three hours. But on Oscar night, I always pick up steak dinners for my crew. I offered Washington a steak. The plastic knife couldn't hack the meat, however, so one of my fondest Oscar memories became Denzel Washington, wearing an Armani tux, his Oscar under his arm, holding a huge, dripping T-bone in his bare hands and devouring it.



Dustin Hoffman goes incognito



Cuba Gooding, Jr., lets loose

MAKING WHOOPI

I always ask the winners, "Where is the Oscar going to go?" When Whoopi Goldberg won for *Ghost* in 1991, she gave me a punch line I couldn't put on the air. "I'm not sure," she said. "But I'll tell you one thing, he's spending the night with me." Then, staring at the statue's base, she asked, "Hmm . . . where do you suppose the batteries go?"



A special honor for Charlie Chaplin



1973 host Charlton Heston moseyed in late

AND I'D LIKE TO THANK KIM BASINGER AND ALEC BALDWIN. . .

Last year, no one looked more beautiful than Kim Basinger. Up close, she really *looks* like a movie star (it's surprising how many celebrities don't). Basinger had mentioned her daughter, Ireland, in her thank-you speech and, in the thirty or so seconds we had to chat before our interview, I mentioned that I had just become a first-time dad. A month later, she and Alec sent me a box filled with multicolored trucker T-shirts and khaki overalls for my son Dylan.

CHER AND CHER ALIKE

I like Cher. She is smart, funny and charming, but where does she get those clothes? In 1986, when she presented the Best Supporting Actor award, she wore an outfit that made her look like a cross between Darth Vader and the Statue of Liberty. Still, the last laugh was on us when Cher took home the Best Actress Oscar for her performance in *Moonstruck* two years later.

WHO WAS THAT MASKED MAN?

We tend to think all celebrities know each other. But if stars haven't worked together, they may never have met. Recently, I watched George Clooney introduce himself to Cameron Diaz at the Golden Globe Awards. Even the really rich have trouble recognizing a famous face. In 1988, my Dustin Hoffman interview was interrupted by two men who walked in, apologized and left. "Who was that?" Hoffman asked. "Warren Buffett," I said. "One of the richest men in the world." The next day I discovered that Buffett hadn't recognized Hoffman, either.

CHEERING CUBA

Cuba Gooding, Jr., has to hold the record for *(continued on page 119)*

LADIES' HOME JOURNAL online
Never Underestimate The Power Of A Woman

Oscar has cast his vote—now it's your turn. Log on to LHJ Online and tell us who your favorite stars are in LHJ's Women's Choice Awards. You'll find the poll on our Web site at:

http://www.lhj.com/celeb/womenschoice/


Hi, we're here with the Easter Bunny to talk about all of M+M / Mars' great Easter candy.
Uh, that's a beaver
SNICKERS


The Eas likes our Pastel "M&M's"®
Choc and STARBURST® Brand
J so much he declared them
aster Bunny Approved
Have yo
seen thi
thing's ta
m&m's BRAND
PLAIN
Starburst
Original Fruits
jellybeans
REAL FRUIT JUICE! GREAT FRUIT TASTE!
Dove
Milk Chocolate
Promises


He also put his fuzzy Paw of Approval on
our SNICKERS® Brand Eggs
and DOVE Chocolate PROMISES
SNICKERS
Eggs
DOVE
Milk Chocolate
Promises
It smells like wood.


couldn't find the
Bunny. They just
over this beaver.
We have the wor
temp agency.
SNICKERS
Dove
Promises
Starburst
jelly beans
m&m's
EASTER BUNNY
E.B.
APPROVED
No Easter beavers were
harmed in the making of this ad.
However, after filming,
Red hurt Yellow's feelings.

ontinued from page 112

he Oscars' most exuberant acceptance speech when he won Best Supporting Actor for *Jerry Maguire* n 1997. As the band played the orty-five-second sign-off, he was ust getting started. While the audi nce at home saw a commercial, hose of us at the ceremony contin ued to watch Gooding, who was till thanking and shouting and heering. By that point we were hanking and shouting and cheering ight along with him.

hosting the Oscars he had a flat tire on the way to the show. At the eleventh hour, Clint Eastwood was pulled out of the audience to fill in. After a few truly excruciating minutes, the Bible movie hero miraculously appeared, saving the day.

SUCCESS STREAK

I am convinced that the streaker who zipped across the stage in 1974 was a setup. David Niven's immediate ad-lib about the man who will be forever known for "showing his shortcomings" simply sounded too rehearsed.

SMALL EXPECTATIONS

At the 1981 Oscars, Steven Spielberg told me he hoped little movies were coming back because "I have a little film of my own that's coming out next year and I hope it does well." The film, *E.T. The Extra-Terrestrial*, would become one of the highest grossing movies of all time.

CLASS ACT

In 1991, the year after Jessica Tandy won for *Driving Miss Daisy*, the eighty-one-year-old actress was there as a presenter. Her hair was



Elizabeth Taylor had trouble topping the streaker's performance



We really liked Sally



The picture of grace



Spielberg's pet project



Gibson won big for *Braveheart*

AFTER HER NOTORIOUS SPEECH, EVEN SALLY FIELD WAS SURPRISED BY WHAT SHE'D SAID

THE MOMENT I MISSED

ack Lemmon told me what happened when Charlie Chaplin was given his special honorary Oscar in 1972. Chaplin was ill, old and could barely stand. Lemmon, who presented the award, handed the fragile star his trademark bowler and cane. When Chaplin donned the hat and posed with the cane, the Oscar audience jumped to their feet and gave him a standing ovation that lasted several minutes.

FLAT CHANCE

In 1973, when Charlton Heston was

The camera managed to miss the guy's shortcomings, which would have been impossible if the streaker hadn't hit all his marks. In the next segment, Elizabeth Taylor deadpanned, "That's a hard act to follow."

PLAY IT AGAIN, SALLY

I was the first person to interview Sally Field after her notorious "You like me, you really like me!" acceptance speech in 1985. "Do you know what you just said?" I asked her. When I told her she looked completely surprised. "I said *that*?!" she asked. "Oh, my God."

clipped very short. I asked, "Did you cut your hair for a part?" "No," she answered without hesitation. "I have cancer." She was strong and honest onscreen and off.

MELODRAMATIC

When Mel Gibson won for Best Director and Best Picture for *Braveheart* in 1996, I told him I was angry. "You won two Oscars, you're a terrific actor, you're smart, you're funny, you're handsome, you even look good in a skirt. It's not fair." "If it'll make you feel any better," Mel Gibson told me, "I do have a hiatal hernia." ●



Less Is *More*

THERE AREN'T ENOUGH HOURS IN THE DAY, I'D ALWAYS COMPLAIN. THEN I DISCOVERED A SURPRISING WAY TO STOP THE INSANITY

BY MELINDA MARSHALL

Are you an efficiency expert? A veritable poster child for the Multitasking Association?

I used to be. Now I'm in recovery. The sticker on my car bumper reads *One thing at a time.* I can do one thing at a time nowadays because I have less to do. I have less to do because I have less—less house, less lawn, less stuff. What I have to do, I do more deliberately, so I get more pleasure from it.

To appreciate how far I've come, you'd have to have seen me three years ago, when I was at the peak of my insanity. I had each day [illegible] down to the minute. Mornings were like a rocket launch: *Where's your backpack? Comb your hair! Run!* Afternoons, I was a cruise-ship director: *Get in the car! We'll be late for skating!* And evenings were like mornings, only in reverse: *Go brush your teeth! No, there's no time for a story! Hurry up and get to bed!* Meanwhile, I was cleaning up dinner and unpacking backpacks and picking up toys so that, when everything was in its proper place, I could rest.

But I never rested. An efficiency expert is never satisfied and I was in constant competition with myself to see how much more I could cram into the waking hours. And let me tell you, I took smug pride in the tight ship I ran, in my incredible productivity, despite the fact that I also took a ton of ibuprofen.

But then came that fateful conference with my elder son's kindergarten teacher, who suggested Chase be held back a year. "If I didn't know better," she told me, "I'd say he was exhibiting the signs of ADD."

Attention deficit disorder? *My* son?

First, I felt shock, then denial. But as I was screaming my usual tirade one morning, a revelation struck me like a tire iron. My kids had never seen me concentrate or take pleasure in doing any one thing. I pretended to offer my full attention to them, all the while clearly demonstrating that I was totally preoccupied. *Just a minute! Just lemme get this load of wash going. I AM listening.* And when I was too busy even to pretend, I'd park them in front of the TV for a hefty dose of rapid-fire, frantically crosscut images.

It occurred to me that if I had wanted to permanently stunt my children's attention spans and thinking abilities, I couldn't have designed a better program than the one I had implemented.

Certain I could solve this problem efficiently, I took my lunch hour and went out to a bookstore—eating my sandwich between *(continued)*



Charmin has two ways to turn a potty trainer into a pro.

Charmin Kid Fresh and Charmin Ultra.

A potty training success story. *The good news is that now potty training means more independence for your little one, and less work for you. Charmin Kid Fresh® is the only moist, flushable wipe for kids, so kids find it easy to use. And Charmin Ultra® is a great combination of softness and strength, so it's gentle on sensitive skin. Together, they'll help turn an amateur into a pro.*

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gear shifts—and leafed through the literature on how to streamline a hectic life. There were no fewer than forty-four books with the verb *simplify* in the title. Advice ranged from the ludicrous (eat meals on a tray) to the ridiculous (get up an hour earlier so the morning exodus would be less rushed).

I became utterly frustrated. I needed a solution, but was beginning to fear there wasn't one.

Then, fatefully—it was nothing short of an act of God—our answering machine broke. And our lives haven't been the same since.

I told my friends and family to leave messages on my work machine. I gave out my work number to everybody who asked for my home phone. The phone rang less. We got so enamored of being let off the hook, so to speak, that we started turning off the ringer during dinner, effectively shielding ourselves from cemetery-plot and home-security-system salesmen.



The trash heap of a better life

We got a taste of real quiet. Just an hour or so a day, but it was intoxicating enough to embolden me to get tough about TV. Limiting my kids' time in front of it had never worked: I'd say "Time to turn it off!" and I'd either be totally ignored, lest they miss a second of a toilet-bowl-cleanser commercial, or greeted with such hostility I'd actually back off. TV was flypaper to my kids: They simply could not tear themselves away. The more they watched, the more helpless they became to go off and do something else. Even to get dressed. Or to eat.

So I declared a moratorium on all TV inside from Saturday morning [illegible]. My husband lobbied hard for the cartoons, since without them, we'd have no sex life.) As you can imagine, there was considerable wailing—and it persisted, for a couple of weeks, at dinnertime in particular. Then it stopped. With TV no longer an option, my kids came up with alternative entertainment. They actually started playing with their toys. They went outside and used the basketball hoop. They also ruined my hide-a-bed couch by doing circus jumps on it. But, in all, our quality of life had taken a quantum leap forward.

In the absence of TV, our living room became a sanctuary. I could read to the kids in there. I could drink a cup of tea without having to microwave it four times. I could even read to myself, alone. At first I took in the basket of clothes to be folded; I found it too hard to just sit on the couch and get nothing done. But in that haven, absorbing the quiet, I started to question the need for so much laundry. Surely I could scale back my scut work.

This eye of calm in the hurricane prompted, in turn, a long-overdue overhaul of our after-school and weekend activity schedule. We really didn't need to be racing out of the driveway three afternoons a week. Kathryn didn't want to go to karate just as much as I didn't want to take her. When skating ended, we didn't renew. Chase liked taking ukulele lessons, so we kept that—but found a teacher who would come to our house. My husband and I agreed to do errands on Saturdays only, and keep Sundays utterly free of obligation. (Remember the Day of Rest? Even God took a break from His labors.) In effect, we quit running around.

All that was a very good start. But then we took a big step toward simplicity, our biggest yet. We moved.

Our new home is tucked in the woods, so we have absolutely no grass to invite an armada of leaf blowers, lawn mowers, weed sprayers and seed throwers. The floor plan is tightly laid out on one level. With no basement or attic we're not tempted to acquire or accumulate what we don't need or use. There's almost no maintenance, what with cedar siding and thermal windows. It is, in my estimation, a dream house—an elegantly simple home that serves our needs, instead of us serving its needs. A friend remarked that it feels like a vacation house; meaning, I think, the kind of summer place where you live freely and casually. To me, that's where upward mobility should lead: to freedom.

We're all reaping the rewards of our pared-down lifestyle, and not just because my son Chase can do his homework from start to finish without assistance or interruption. There is time, we find, to do everything we have to do, without feeling obliged to do it all at once. There's time for lots of pleasurable activities, none of which requires money, a car, a remote control, or a Filofax for keeping track. There's time to talk, and to actually listen. There's time to think, to plan, to reflect . . . or to daydream.

That's what I want most to give my kids: unhurried, unspoken-for time. I want to model for them not a hunger for more, but a real satisfaction with less; not an attention deficit disorder, but the ability to be totally absorbed by the task at hand; not a hyperactive coping response, but the mental calm to think things through and choose obligations.

This business of busy-ness—well, I've retired. For good. If you need to reach me, you can leave a message at my office. ●

Melinda Marshall is a contributing editor to Ladies' Home Journal.

9 raft Foods, Inc. Crystal Light low calorie soft drink



Eight glasses of water a day never tasted so luscious.

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All the water you need in eleven heavenly fruit flavors. With only five calories per serving.

Are You NORMAL About Health?

Do you pay as much attention to eating right and working out as the next person? Just how common are the ailments and aches you suffer from? Find out how your health compares to the average American's

By Bernice Kanner



THE COLD, HARD FACTS

The "normal" adult catches a cold only once a year, and the average worker calls in sick about four days annually, with those in the South and West taking the most time off. Colds often begin on Mondays, but they're usually caught (often by touching the hand of an infected person) two or three days earlier, after a hard workweek has lowered our resistance to infection.

SHAPE UP AND SLIM DOWN



Just 23 percent of Americans lead a relatively healthy lifestyle—meaning they don't drink heavily and never smoke, they exercise routinely, avoid high-fat diets and consistently control their weight. Another 26 percent are aware of what they *should* be doing, but don't do anything. The rest are rather ambivalent about a healthy lifestyle.

What Makes You Feel Queasy?



Eggs top the list, along with needles and blood. Other things that set our stomachs shaking: bus fumes, cigarette butts left in a coffee cup, cat hair balls, details about plastic surgery and the smell of roasting chestnuts.



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Battling The Bulge

Most of us lie about our weight more than any other subject, according to a recent study from the National Institutes of Health. The truth is that more than half of all Americans are overweight. Not surprisingly, over 50 percent of us claim to be on a diet at any given point during the year.





A BITTER PILL

Pharmaceutical companies spend over $1 billion each year advertising new drug remedies, yet only 36 percent of Americans are buying the hype. The majority of people (61 percent) don't take prescription drugs at all.

VIAGRA ALERT: Every (honest) man will confess to an impotent episode at least once in his life. Ten million men in the United States experience impotence regularly.



ON THE RUN

Chances are, if you live in the Northeast, you're more likely to be on the go than people anywhere else in the U.S. But worldwide, the Japanese have us beat hands down—they boast the quickest postal clerks, as well as the fastest walkers.

Do You Suffer From . . .

Allergies?

Nearly 50 million Americans suffer from seasonal hay fever and other allergies, including 17 percent of Americans who believe they're allergic to a particular type of food—dairy products, fruit and seafood top the list.

Headaches?

About 45 million of us get chronic, recurrent headaches, while another 16 million to 18 million suffer from migraines.

[illegible]?

Fifty-six percent of people with [illegible] backs will try anything for relief, from lying on tennis balls to acupuncture treatments.



Muscle, joint or stomach pains?

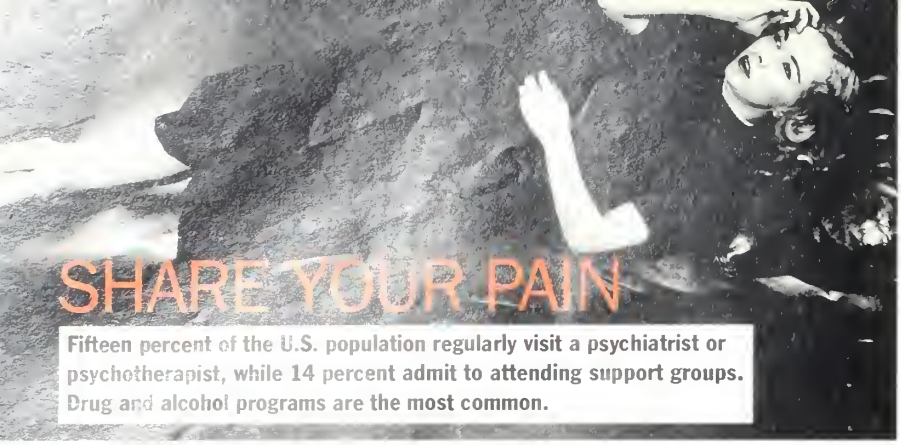
Over the last ten months, about 50 percent of all Americans have complained of one of these physical ailments.

TOUGH BREAKS

Forty-four percent of us have broken a bone. The most frequently fractured bone is the metatarsal, located in the center of the foot.



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SHARE YOUR PAIN

Fifteen percent of the U.S. population regularly visit a psychiatrist or psychotherapist, while 14 percent admit to attending support groups. Drug and alcohol programs are the most common.

"HEY, DOC, IT HURTS WHEN I DO THIS" Almost a third of Americans say they visit the doctor only when they suspect something is wrong. Another third go after having tried home remedies. Only 20 percent get a checkup every year.

OH, MY ACHING FEET

Four out of five women complain of some foot problem, such as bunions, hammertoes or calluses. Tight, tapered shoes are usually to blame, but our feet are bound to hurt over time regardless: Each foot—made up of twenty-six bones, thirty-three joints and nineteen muscles—walks an average 115,000 miles in a lifetime.



True Blue

Seventeen million people suffer from clinical depression—twice as many women as men—yet less than one third seek treatment. Why so few? Most people still believe that depression is a character defect.

Natural Healing

Forty-two percent of people have used alternative medicine to treat what ails them. Relaxation techniques, herbal medicine, massage and chiropractic care top the list.

DO YOU KNOW YOUR CHOLESTEROL COUNT?

Despite the fact that 60 percent of Americans have had their cholesterol blood level checked during the past year, only one third actually remember what it was. That's bad news, considering that about half of those tested have elevated levels, which puts them at much greater risk for coronary heart disease.

H. ARMSTRONG ROBERTS

RIMADYL®

(carprofen)

Caplets

Non-steroidal anti-inflammatory drug

For oral use in dogs only

CAUTION Federal law restricts this drug to use by or on the order of a licensed veterinarian

DESCRIPTION Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug (NSAID) of the propionic acid class that includes ibuprofen and ketoprofen

INDICATIONS Rimadyl is indicated for the relief of pain and inflammation in dogs. Rimadyl was shown to be clinically effective for the relief of pain associated with osteoarthritis in dogs

DOSAGE AND ADMINISTRATION The recommended dosage for administration to dogs is 1 mg/lb of body weight twice daily. Caplets are scored and dosage should be calculated in half-caplet increments.

CONTRAINDICATIONS Rimadyl should not be used in dogs exhibiting previous hypersensitivity to carprofen

PRECAUTIONS As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Effects may result from decreased prostaglandin production and inhibition of the enzyme cyclo-oxygenase which is responsible for the formation of prostaglandins from arachidonic acid. When NSAIDs inhibit prostaglandins that mediate inflammation they may also inhibit those prostaglandins which maintain normal homeostatic function. These anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease more often than in healthy patients. NSAID therapy could exacerbate occult disease which has previously been undiagnosed due to the absence of apparent clinical signs. Patients with underlying renal disease for example may experience exacerbation or decompensation of their renal disease while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, side effects may occur with its use. The most frequently reported effects have been gastrointestinal signs. Events involving suspected renal, hematologic, neurologic, dermatologic, and hepatic effects have also been reported. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular or hepatic dysfunction. Since many NSAIDs possess the potential to cause gastrointestinal ulceration, concomitant use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids and NSAIDs, should be avoided or very closely monitored. Sensitivity to drug-associated adverse events varies with the individual patient. For example, Rimadyl treatment was associated with renal toxicity or gastrointestinal ulceration in well controlled safety studies of up to ten times the dose in dogs.

Since a significant number of patients receiving Rimadyl are older it is advisable to conduct a geriatric examination and to consider appropriate laboratory tests to establish hematological and serum biochemical data prior to administration of any NSAID. Periodic monitoring may be appropriate in certain patients. **Owners should be advised to watch for signs of drug intoleranc**e, **such as inappetence, vomiting, diarrhea, PU/PD, anemia, jaundice, lethargy, ataxia, seizure, or behavioral** (See Adverse Reactions section.) Recognition of possible drug-related signs accompanied by withdrawal of the drug, and supportive therapy as appropriate, has resulted in recovery of the vast majority of patients. If side effects of this drug class, in rare situations, may be serious and corrective action is not taken may result in hospitalization and even outcomes.

Rimadyl is not recommended for use in dogs with bleeding disorders (e.g. Von Willebrand's disease), as safety has not been established in dogs with these disorders. The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with other protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

WARNINGS Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. **For use in dogs only.** Do not use in cats.

ADVERSE REACTIONS. During investigational studies, no clinically significant adverse reactions were reported. Some clinical signs were observed in field studies (n=297) which were similar for carprofen- and placebo-treated dogs. Incidences of the following were observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). The product vehicle served as a placebo.

The following occasionally occurring adverse drug reactions have been reported in association with the clinical use of Rimadyl:

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hematemesis, gastrointestinal ulceration*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggression*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic enzyme elevation, abnormal liver function test(s), hyperbilirubinemia, hyperbilirubinuria, hypoalbuminemia. Approximately one-third of hepatic reports were in Labrador Retrievers.*

Renal: *Hematuria, polyuria, polydipsia, urinary incontinence, urinary infection, azotaemia, acute renal failure, tubular abnormalities including acute tubular necrosis, renal tubular acidosis, glucosuria*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs*

Hematologic: *Immune-mediated hemolytic anemia, immune-mediated thrombocytopenia, blood loss anemia*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchymosis*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema*

To report suspected adverse reaction call 1-800-366-5288

STORAGE Store at controlled room temperature 15°–30°C (59°–86°F).

HOW SUPPLIED Rimadyl caplets are scored, and contain 25 mg, 75 mg or 100 mg of carprofen per caplet. Each caplet size is packaged in bottles containing 100 or 250 caplets.

To obtain technical assistance, call 1-800-366-5288

NADA #141-053, Approved by FDA

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Give your dog relief from arthritis pain, nd give your children back their favorite companion.





Real Relief™ rom arthritis pain.

Arthritis is a painful disease that can develop in any dog. At any time. So pay close attention to yours. If your dog lags behind when running or playing, or seems stiff fterward, find out how Rimadyl® (carprofen) has provided real relief for nearly a million dogs with arthritis.* s with other pain relievers in this class, rare but serious digestive and ver side effects may occur. See your veterinarian, or call 1-800-720-DOGS.

e brief summary on adjacent page for important information
*Proprietary market research 1998. Data on file, Pfizer Animal Health.



Pfizer Animal Health

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Romeo and Juli
(The later years





Helping Mom with her homework for a change



Relaxing, after a long day of shoe hunting at the mall.







to sauce. Tomato soup. Fried tomatoes. to sandwiches ... Next year we plant way less tomatoes







PATIENT RIP-OFF?

Talk about high-pressure sales tactics: You're lying on the examining table half dressed, and your doctor has launched into a spiel on his new line of supplements. More and more, physicians are profiting from in-office sales of products—everything from special foods to protective gear like child seats—a situation some experts say should make consumers wary. "If the sale benefits the doctor financially, then a potential conflict of interest exists," says David A. Fleming, M.D., associate professor of internal medicine at the University of Missouri, Columbia. Product-peddling doctors argue that they offer easy access to quality goods. Specialists such as dermatologists also point out that items they sell are part of treatment. Ask your doctor for evidence of a product's benefit, then check if you can find it for less. —Christine Many

thyroid threat



Tired? A simple test may uncover what's wrong

Feeling under the weather lately and can't figure out why? Common symptoms such as fatigue, bloating and constipation may signal an abnormal thyroid, the gland that produces hormones to regulate the body's metabolism and organ function. Nearly 12 percent of Americans have a gland that is either overactive (hyperthyroidism) or underactive (hypothyroidism), yet only one percent are receiving treatment.

"Nonspecific symptoms make thyroid problems difficult to diagnose," says researcher E. Chester Ridgway, M.D., head of endocrinology at the University of Colorado Health Sciences Center, in Denver. Left untreated, both conditions can lead to depression and heart disease. Ridgway advises women with a family history of thyroid disorders, as well as those who suffer from any of the above symptoms with no obvious explanation, to have a thyroid-stimulating hormone (TSH) test. —Deborah J. Baer



THE DIET DRUG YOU'VE BEEN WAITING FOR?

By Anna Roufos

"It was the answer to my prayers," says Cindy Smith, thirty-four, about the two-year-long weight-loss study for the drug orlistat (to be marketed as Xenical) she signed up for in 1993. "At two hundred twenty pounds, my weight was at an all-time high," she says. "I had tried lots of diets in the past, with no success." But on orlistat, Smith lost seventy pounds—and has kept them off since.

Unlike other diet drugs, orlistat, which is currently being considered by the Food and Drug Administration (FDA) for approval, works not by controlling appetite but by preventing the absorption of up to 30 percent of the fat from foods. Eat a piece of chocolate cake and one third of the fat in it (and all those calories) will go undigested. Study subjects got to eat about 200 calories a day for free.

But taking orlistat is not a license to eat with abandon, and the drug is not without side effects. These include intestinal cramping, gas and loose stools; the severity is proportional to the amount of fat you ingest. "People caught on quickly that if they ate a barbecue sandwich, they'd suffer for it, so they learned to abstain," says researcher John Foreyt, Ph.D., a professor of behavioral medicine at Baylor College of Medicine, in Houston, one of the centers that participated in the trial (which was funded by the drug's manufacturer, Hoffmann-La Roche). Ironically, Foreyt says, these symptoms are "signs the drug is working."

In the study of 892 obese adults (whose average weight was 220 pounds), participants were divided into two groups: One took orlistat three times a day with meals, while the other group received a placebo. All participants were encouraged to (*continued*)

THE BEST WAY TO STOP SUFFERING IS

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Getting relief from allergies sure beats being miserable, but you can do even better. You can flat-out *prevent* those symptoms. All you need is a bottle called NasalCrom™.

NasalCrom is not an antihistamine and it's not a decongestant. It is a nasal spray, but totally unlike the sprays that came before. In fact, NasalCrom is totally unlike *anything* that came before.

The only medication that prevents allergy symptoms.*

Allergies erupt when the natural defenses in your nose go haywire. NasalCrom works by *preventing* this over-reaction, relieving your symptoms as it gradually builds up protection.



Within a week you're reacting like a person with no allergies. You don't sneeze, you don't get stuffed-up, you don't get that itchy, runny nose. You just enjoy life.

All this with a product that's easy and pleasant to use. One gentle spray in each nostril when you get up, one around noon, one before bed–that's all it takes.

No drowsiness or other nasty side effects.

Since NasalCrom works right where your problem is—in your nose—you needn't worry about it messing up the rest of your system. There's no drowsiness, no jitters, no dependency, no interaction with other drugs. It's so safe you can buy it without a prescription, at full prescription strength. And you can keep on using it throughout the whole allergy season.

*Among medications you can buy without a prescription.

Individual results may vary. Use only as directed.



ALLERGY PREVENTION PURE AND SIMPLE.

For more information about NasalCrom and allergies, call 1-800-717-2824.

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Secret Success Story



Melissa Long, Age 16
Burns, Tennessee
$1000 scholarship winner,
Secret® to Self-Esteem Contest

My sister won everything—school awards, national recognition as a speaker, a full college scholarship. Now it was my turn. Could I measure up? Just as I prepared to find out, Meredith moved back home. Now I'd have to compete with both her legend and her presence!

As the big speech contest approached, I covered my bedroom floor with crumpled first drafts. Ready to quit, I decided that a 15-year-old girl doesn't have anything worth saying to the world! Just then, Meredith poked her head in and recognized the terror on my face. She dropped her plans and helped me without even being asked. She questioned me until I realized that even I had strong feelings waiting to be heard.

Each time we practiced together, my confidence grew. I was becoming what I'd always wanted to be: like my sister, an individual with her own ideas. When I walked across the stage to accept my award, I looked out at Meredith's smiling face. Instead of taking the spotlight from me, she showed me how to shine.

Be a Good Listener. Can't get her to talk? Try initiating conversations in the car. It's easier for teens to open up when they don't have to look you in the eye. When she shares a personal thought, reciprocate with a story about when you were her age.

For more information, visit us at www.pg.com/secret

Secret®
Helping girls become strong women.

(*continued*) follow a 1,500- to 1,800-calorie-a-day diet, with no more than 30 percent of calories coming from fat; and to exercise. At the end of the first year, the people who took the drug lost an average of nineteen pounds; those in the control group lost about thirteen pounds each. In the second year, when all subjects were put on a higher-calorie maintenance diet, the orlistat group gained back less (seven to nine pounds) than those who had taken the placebo (twelve pounds). People in the treatment group also had improved LDL ("bad") cholesterol, blood pressure and insulin levels. "They lost a significant amount of weight and maintained it," says Foreyt, "plus they had this multiple cardiovascular risk-factor reduction."

Other experts are less enthusiastic. The success experienced by some, like Smith, notwithstanding, "The weight loss and the other changes were modest," says David F. Williamson, Ph.D., a public-health scientist at the Centers for Disease Control and Prevention, in Atlanta. "In the end, the treatment group lost only six or seven pounds more than the control group," notes Jules Hirsch, M.D., an obesity expert at Rockefeller University, in New York City, who voted against preliminary FDA approval of the drug.

Furthermore, Hirsch is concerned because a few women in the treatment group have since been diagnosed with breast cancer—a concern Foreyt dismisses as a statistical fluke. "People in the orlistat group also had fewer car accidents," he counters.

"You just don't know what the long-term effects of a new drug are going to be until a large number of people take it," concludes Williamson.

But even if the drug is proven safe



Smith before (left) and after

and helps with weight loss, questions remain. Obesity is a chronic disease, so must orlistat be taken indefinitely? A one-month supply of the drug is expected to cost about $116.

And what happens when you stop taking orlistat? Without the free-calorie bonus, wouldn't you have to be more careful than before? "Yes, you would have to watch those two hundred calories," Foreyt admits.

For her part, Smith says she kept the weight off after the study ended thanks to the lifestyle changes she learned to make during the trial, including eating right and exercising. "I was especially cautious right after the study ended," she says. As for the ugly gastrointestinal problems that four out of five people reported, she doesn't recall any. Now, at about 150 pounds, she'd still like to reach 135 pounds, her ideal weight, and says she would take orlistat again in a second.

Trouble is, at her reduced weight she is no longer a candidate. The drug will probably be recommended only for those considered obese, not for those who want to lose ten or fifteen pounds. That means that most of us who want to lose still have to do it the hard way. ●

THE BOTTLED WATER MYTH

We spend about $4 billion a year on it, but is bottled water always better than what flows from the tap? Bottled water may taste better, but don't think all of it comes from pure mountain springs and is therefore safer to drink. One quarter is simply municipal water that's filtered to remove local taste characteristics—check the small print for source information since you can get the city stuff for free. But keep in mind that tap water is actually tested for contaminants more often than bottled water is. —Nicci Micco

TOOTHPASTE UPDATE

The Orajel Dental Report

you answer "yes" to these uestions, you should switch o Orajel Gold Sensitive Teeth Toothpaste For Adults.

	Yes	No
1. Recently my teeth have become sensitive and painful when I have hot coffee or cold foods.	❑	❑
2. I want a sensitive teeth toothpaste that really works to relieve pain.	❑	❑
3. I'd like a sensitive teeth toothpaste with more cavity-fighting fluoride than Sensodyne.	❑	❑
4. I want my sensitive teeth toothpaste to taste good.	❑	❑







Orajel® Gold™ is the first pain-relieving toothpaste specially formulated for an adult's sensitive teeth, because it has unsurpassed pain relief and 33% more fluoride than Sensodyne.

As we grow older, our gums start to recede which causes teeth to become extra sensitive to hot or cold and can also lead to more cavities at the gumline. Orajel Gold cleans, whitens and relieves pain, with extra-strength cavity-fighting fluoride. And the great mint flavor leaves your mouth feeling fresh and clean.

Unsurpassed pain relief. Less chance of cavities.

Visit us at www.orajel.com

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"Diana died not really loving the person she was," says Ferguson. "I knew that I didn't want to die like that"



Sarah, bright and dark

SHE'S CHARMING BUT UNPREDICTABLE, DIFFICULT YET DISARMINGLY HONEST. REPORTER MELINA GEROSA TAKES A TWO-DAY WILD RIDE WITH THE DUCHESS OF YORK

SURREY, ENGLAND: SARAH FERGUSON, THE DUCHESS OF YORK, IS ON fire. Frocked in a charcoal Escada suit with her bright hair flying behind her, she streaks across the bleak parking lot and into her dark blue sedan. "Let's *go*," she implores her driver, "before we get blocked in."

She is clearly on a high, having energized an entire room at the annual Motor Neuron Disease Association charity luncheon. For the last ninety minutes, she has been at her best: crouching down to joke with guests in wheelchairs, hugging children and remembering the names of family pets. She ended her visit with a splash of comic relief. A young boy tried to help her to her feet after signing his autograph, and the Duchess lurched into an exaggerated Charlie Chaplin pratfall. She left them laughing.

Scooting down the steps in her skinny black heels, Ferguson stopped to chat with the British press posted on royal watch. Theirs is a fickle relationship that has endured good times and bad. Three years ago the daily tabloid *The Sun* ran a poll asking: "Who would you rather date, Fergie or a goat?" (Ninety percent opted for the goat.) Since then, however, the press has shifted allegiance from the Palace to its defector, who was divorced from Prince Andrew in 1996.

This change, no doubt, is the result of watching Ferguson weather some stormy times. One year after she coped with Princess Diana's death, Ferguson lost her mother, Susan Barrantes, to another tragic car crash near Barrantes's home in Argentina. A few months later, the news broke that her father, Major Ronald Ferguson, had been battling prostate cancer for two years. Meanwhile, the Duchess has been working to get her own complicated, single-mother life on course. She has been digging herself out of a $7 million debt and trying to raise her two royal princesses, Beatrice and Eugenie, as normally as possible. But even more significant, the Duchess has begun to face up to her own dark side, which has lured her into trouble in the past.

Although she had agreed that I could interview her during this drive to her father's home in Dummer, Ferguson is hardly in the mood. No doubt she is *(continued)*







(continued) exhausted from the luncheon, and distracted where we are headed: An interview and photo shoot wh fanzine *Hello!* await her, along with her accountant.

Still, we both have jobs to do, and so we began to cha ab how she'd cheered up the charity luncheon. "My moth that," she says. "She was able to lift a room and bring ma that what the Duchess meant when she once described he er as "childlike"? "No. I longed for her to be *more* of a m She was *my* child, *my* daughter," Ferguson says. "She g lots of happiness, but she really didn't know how to unde My grandmother never really loved my mother openly, a she never knew how to give love."

When the Duchess was twelve, her mother met polo Hector Barrantes, abandoned her family and moved to Ar with him. To quell the pain, Ferguson started a lifelong h stuffing down her feelings with food, and trying desperatel a good girl. "I ran around trying to please everyone, n touch with how Sarah feels," says Ferguson, slipping eeri the third person. "The Pleaser is so frightened of rejecti she tries to be perfect, so that no one could possibly a her." When I ask why she never expressed anger, her an simple. "Because I felt worthless," she says flatly. "I felt that it was all my fault. I have done that for thirty-nine and I am just learning now what life is all about."

How did her learning curve begin? "By humiliation, b takes and by putting myself in real sabotage situations," sa guson, who admits that she hit rock bottom when the photographs of her cavorting with her "financial adviser," Bryan, in the South of France, were published in 1992. legally separated at the time, and Andrew said I could go, Ferguson. "We weren't doing anything wrong; it wasn't so wasn't awful. But I am the mother of the Queen's grand ters, and I have to be more aware of what is around me perhaps I was," she says. "British society saw me as a dis and I was humiliated in front of the Queen. It was throug experience that I started to grow."

Then, on August 31, 1997, came an even more jarring up call. "It was Diana's death," she explains. "I knew that had died not really loving the person she was. I knew didn't want to die like that. I wanted to know myself, and loving myself, one day." She looks out the window at the ing landscape whipping by. "*Hopefully.*"

While Ferguson is willing to delve deeply into personal i other topics I bring up make her irritable. When asked t scribe the Queen, of whom she often speaks fondly, she curtly, "No, I can't." Then, when asked how being "true t self" has been the secret to her weight loss—a subject she about in her book, *Weight Watchers' Dieting with the Duches* mon & Schuster, 1999)—she snaps, "The problem is tha are talking about the past, and I am different now." Swit the topic to inquire about her daughters fares no better. "W you need to know what my daughters *(continued on page*

"I HAVE BEEN **KILLED AN** SAYS **FERGUSON**. "I FE



:TRAYED AND SABOTAGED [BY THE PRESS],"
KE THE HORSE IN *THE HORSE WHISPERER*"

SpringBre

This season's clothes are a dream come true: comfortable, colorful styles with price tags that'll make you smile BY LOIS JOY JOHNSON



tank top $24.50

The all-American tee-and-khakis combo gets updated with a stretchy scoop-neck tank in baby blue. Express nylon/Lycra tank

capri pants $18

Cut ranks right up there with color this spring, and capris are a trendy cu above ankle-length pants. JCPenney capris; Sam & Libby sandals, $40

aks



cardigan
$30

A must-have addition to your wardrobe now is a pastel cotton sweater with three-quarter-length sleeves. Cooperative at Urban Outfitters

strapless dress
$58

Double your wardrobe options with a strapless dress: Paired with a cardigan cover-up, it takes you to work, or by itself, it's a perfect party look. Gap gray denim dress; Sam & Libby ballet flats, $40



turtlenec

$38

A goes-with-everything basic with trendy elbow-length sleeves gives you year-round wearing options. XOXO acrylic/spandex turtleneck

skirt

$68

Say bye-bye to black: The long skirt gets pretty in pink, injecting some fun into a sleek and streamlined outfit. Sisley by United Colors of Benetton jersey skirt; Nine West sandals, $59

These spring looks are doubly delicious: easy to wear and easy on your wallet, too



ribbed sweater

$58

Three-quarter-length sleeves, a bateau neckline and accordion ribbing are the latest little details that add up to a lot of style. Lucie at Urban Outfitters polyester sweater

drawstring pants

$48

With a soft, straight cut, these pants let you sit back and relax with ease now and all summer long. Gap gray rayon pants; Sam & Libby ballet flats, $40



Feminine style
in soft pastels
make for clothe
that are simpl
irresistible

sundress

$98

Nothing says spring pretty like this new, longer update of everyone's warm-weather favorite, the sundress. French Connection linen dress; Tommy Hilfiger cotton sweater, $49; Sam & Libby sandals, $44



fitted shirt

$48

Stretch fabric and soft lavender combine to give you the comfort of a camp shirt with style to spare. Esprit cotton/Lycra shirt; Express khaki stretch skirt, $39

Spring Pretty

Makeup, too, turns a lighter shade of pale and gives you a

eyes

A sweep of sheer pastel shadow is a real eye opener. Pro tip: Line upper lid with a soft, icy pastel pencil; apply shadow up to browbone. Brush shadow along lashline on lower lid. Try: Max Factor High Definition Eye Shadow i Leading Lady Pink, $4.10; Cover Girl One-Kit Professional Eye Enhancers in Cosmic Blue, $2.41; Revlon Timeliner for Eyes in White, $6.50

cheeks

A touch of pearl on your cheekbones keeps you glowing all day long. Pro tip: Use a light hand when applying shimmery liquids or powders, but don't be afraid to experiment—try a little on your browbone or at the temple. Try: Maybelline Brush Blush in See-thru Shimmer, $4.45; L'Oréal Quick Stick Face and Body Blush in Pink Perle, $12.35; Clinique Zero Base Sheer Colour in Platinum, $14.50; Sears Colorworks Skin Image Highlighter, $10

lips

Light glosses and pale shimmery sticks abound for lips. Pro tips: Line lips with a neutral pencil; coat with a sheer gloss or pale pink or lavender stain. Or, apply a natural-nude pink lipstick and top with gloss. Try: Oil of Olay ColorMoist Lipstick in Shiny Violet, $8.70; Ultima II Glowtion Lip Brightener, $13.50; Revlon MoistureStay Lipcolor in Pearl, $10.25; Almay Stay Smooth Medicated Lipcolor in Dawn, $9.25; Cover Girl Continuous Color Self-Renewing Lipstick in Pink Aura, $4.26

nails

Nails get glazed over in pearly pale shades that go with everything. Pro tip: Apply one coat for a translucent, iridescent finish; two to three coats for a more opaque shimmer. Try: Maybelline Express Finish in Silver Lilac, $3.60; Cover Girl NailSlicks in Snowflake Frost, $2.47; L'Oréal Wear Extraordinaire in Whisper, $4.35

stant, beautiful way to get in the swing of the season

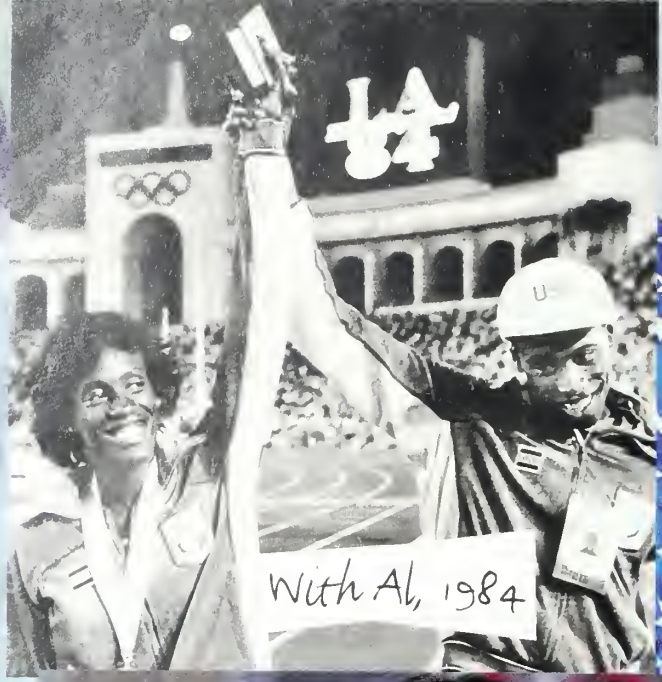


under $15

Bargain beauties: From a $3 bottle of shimmery nail polish to a $13.50 peachy-pink gloss, the pastel palette is right on your lips and at your fingertips



Jackie's mom



With Al, 1984



1992: Victory



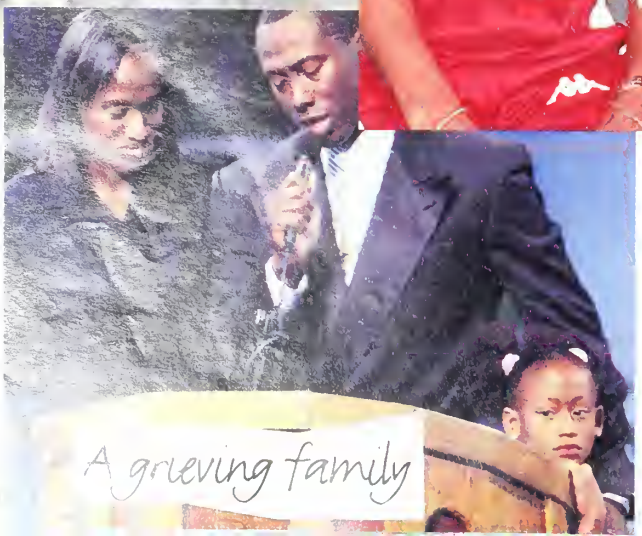
Racing ahead



Golden girls, 1988



Husband



A grieving family



Farewell

JACKIE JOYNER-KERSEE TALKS ABOUT FLO-JO: THEIR COMPLEX RELATIONSHIP AND HER UNTIMELY DEATH

for the RECORD

BY KATHRYN CASEY

Last September 21, the phone rang in Jackie Joyner-Kersee's suburban St. Louis, Missouri, home. It was her older brother, Al Joyner, calling from California. "I need you and Bobby," said Al. "Please come right away."

At first, Jackie wondered if he was kidding. But the pain in Al's voice suggested that he was serious.

"It's Florence," he said. "She's dead."

"It was such a shock," says Jackie, her dark eyes red and welling with tears. "I dropped the telephone and started crying."

Florence "Flo-Jo" Griffith Joyner—Jackie's sister-in-law and Olympic teammate, the runner often called "the fastest woman on earth"—had mysteriously passed away in her sleep, three months shy of her thirty-ninth birthday. At first, Jackie was incredulous. Nearly twenty years earlier, another ringing phone had brought her the news that her own mother was dying.

In at least one respect, though, Flo-Jo's death was even more difficult, because it resurrected the suspicion about drug use that had cast a shadow over both their careers as Olympic golden girls. "When my mother died, we grieved in private," Jackie says. "Florence was a celebrity. They couldn't wait an hour before making comments, not even for the autopsy. I hated the way they dragged her name through the mud."

A strong, determined woman who is considered by many to be the greatest female athlete ever, Jackie Joyner-Kersee, thirty-seven, has traveled far not only to earn victory and fame, but also to come to terms with her past and her future. "I've learned a lot from both my mother and from Florence," she says. "We all take time for granted. The truth is, we don't know what tomorrow will bring."

A Mother's Strength

Jackie's childhood home in drug-and-violence-laced East St. Louis, Illinois, is less than a half hour away, but it feels light-years from this affluent suburban setting, where she sits surrounded by trophies and mementos, a grand piano and a splashy LeRoy Neiman painting of her airborne in the long jump.

Only Jackie's mother and her own determination guided Jackie through the crushing poverty of her youth. Mary Joyner, a nurse's aide, taught her daughter success came from hard work, and to believe in herself even when others didn't.

(continued)



"I LIKE TO THINK FLORENCE AND I ARE PART OF THE EVOLUTION," SAYS JACKIE. "PEOPLE [NOW APPRECIATE THE TALENTS OF ALL WOMEN IN SPORTS"

(continued) With her parents cheering her on, Jackie b gan competing in track meets, and winning, when sl was ten. After missing the cut at her first Olympic trial she entered UCLA in 1980, running track and landing starting position on the women's basketball team.

It was in school that Jackie began suffering shortness breath during training and competitions. "I had asthm in college, but I lived in denial," she recalls. "I was afra they'd take my scholarship."

During her freshman year, Jackie refused when h mother, who was in the process of divorce, offered to f her home for Christmas. "I knew Mom couldn't affo it," she says, "and I wanted to prove I was independent She would regret not making the trip: Just months late her mother contracted an aggressive bacterial infectio that quickly became untreatable. By the time Jackie an Al reached the hospital, Mary Joyner lay in isolation on respirator, her brain no longer functioning. Wiping awa tears, Jackie remembers, "I felt that leaving her on the li support would be like torturing her."

Because Al was focused on consoling their two sister Jackie was the one who made the painful decision to di connect the respirator, with her siblings' consent. In th years that followed, as Jackie racked up world record medals and honors, she thought often of the woman wh had supported her all the way. "Everything I worked f was for her to be able to see it, and she never got chance," she says.

Teammates and Soul Mates

Visiting from California, Al Joyner, thirty-nine, watche TV in the Kersees' family room while his eight-year-ol daughter, Mary Ruth, sleeps in.

"People painted a picture like Florence and I didn't g along, and it's not true," Jackie says. "She was a givin person, honest and fair. We weren't best friends, but w were friends. I miss her."

Like Jackie, Delorez Florence Griffith came from a di advantaged background, having grown up in the Wat section of Los Angeles. Her talent on the track eventuall brought her to UCLA, where she met Jackie and Al,

ıper, who had transferred there to train for the up
ning Olympics. "I like to think Florence and I are part
the evolution," Jackie says. "People [now] appreciate
talents of all women in sports."

Even then, the woman who would be Flo Jo had a
ong fashion sense, insisting her teammates dress alike
press conferences. In the Olympics, she would be-
ne famous as much for her flamboyant one-legged
ming suits, long glittery nails and mane of dark curls
for her incredible speed.

ackie, Flo-Jo and Al flourished under the tutelage of
'LA assistant track coach Bobby Kersee. In their first
mpics in 1984, they all took home medals. Al, a gold
the triple jump, Florence, a silver for the 200-meter
h; and Jackie, the silver in the heptathlon, the event
would come to dominate for nearly a decade.

The heptathlon is a grueling competition, consisting of
100-meter hurdles, high jump, long jump, javelin,
ot put and the 200- and 800-meter races, but Jackie
ose it specifically because she enjoyed the challenge of
ing her all to a variety of events. In the 1986 Goodwill
mes, she became the first woman ever to break seven
ousand points in the heptathlon—a feat once consid-
d impossible. She now calls it "my proudest moment."

In 1986, Al walked his sister down the aisle as she
rried their coach. Bobby Kersee was known as brash
d demanding, yet, Jackie says, people have the wrong
a about him. "We're both strong-willed, and that caus-
us to argue sometimes. But Bobby is a very giving per-
n, and that doesn't come across [in public]."

Love bloomed again in 1987, as Florence and Al were
rried. Then, right before the 1988 Olympics in Seoul,
unexpectedly took over his wife's training. Jackie bris-
s at the mention of media reports that Flo-Jo was dis-
isfied with Bobby's coaching methods, and the press's
plications that Jackie was jealous of her sister-in-law.

"It had nothing to do with Florence or myself," Jackie
ists. "It was strictly a business move. We talked about
nd knew we were all right." Al concurs: "There wasn't
ift. I hadn't made the team, and Florence said, 'You
n concentrate on me.'"

The alleged feud only opened the door for the contro-
sy that awaited them at the Games. "Nineteen eighty-
ht should have been one of the highlights of my career,"
's Jackie, her smile disappearing into a bitter frown.

ark Victory

ere's little doubt the two women dominated the world
track that year. Garnering three gold medals and a sil-
—and setting her second world record in the process—
orence became the first American woman to win four
dals in a single Olympics. Jackie finished first in the
g jump and the heptathlon, the latter with a score of
91 that remains unbeaten.

But their glory was short-lived. Three days after the
ptathlon, Canadian runner Ben Johnson surrendered
s gold medal after testing *(continued on page 184)*





A House Al

How does a room create the most beautiful balance? By engaging our sense of touch, hearing, taste, smell and sight. Produced by Kimberlie A. Waugh

For Senses



The gilt teapot, tray and bowls (above) are eye-catching, as is the birdcage (below). And nearly every tabletop boasts good things t



ooking good is never enough," interior
signer Catherine Bailly Dunne, of Los
geles, loves to tell clients.

Indeed, Dunne believes rooms sh
engage a person in more than just a v
al way—they should look beautiful,
tainly, but also feel good, smell g
sound good, even taste good. In her
cent book, *Interior Designing for All Five Senses* (G
en Books, 1998), she explains how she works
elements like color, shape and texture to creat
space where all senses are sparked. Also part of
signature style: filling a room with pleasing sou
such as the tinkling of wind chimes, and the scen
lemon verbena.

To see her method in action, take a look at the s
drenched family room she designed for clients in C
fornia. There's much to learn in the beautiful wa
gratifies on so many levels.

**LESSON ONE: Use color and light to tantalize the sens
sight.** "With windows on two sides, this room has w
derful sunlight," says Dunne. "For the upholste
pieces and rug, we chose colors that would *(continu*

A sensual feast: On the bookcase, chinoiserie is right at home with faux mercury glass and fal paperweights in the shape of golden apples. The apples sit on Zen rain chimes, a favorite of the designer's. Framed botanical prints evoke aromatic delights

Every room should have a source of music, whether it is a grand piano or a delicate wind chime



hair, paired with the velour pillow and throw, becomes a cozy reading spot—or a place to sit and gaze at the stunning table arrangement

(continued) work with that red, citrus yellow, gold, orange and gree opposite the entertainment center, is the point. It is covered in a crisp cotton that rable. A velvet chair, striped in the san dinates. To make the most of the rug, glass coffee table. The beaded lamp nd accessories add even more spark

W white walls were a natural ch bstick blinds, an unexpected touch, we nize the room's light.

LESSON TWO: Infuse a room with personality through the sense of touch. Rooms that welcome visitors have one thing in common: They create a cozy, intimate feeling. Heaping the sofa with pillows and putting velour throws within easy reach make this a room to nestle in. Dunne rejected precious, fussy accessories in favor of objects that beg to be handled, like the verdigris globe on the refectory table—once the family's dining table and now a place to show off collectibles.

LESSON THREE: Spur happy memories with the sense of smell. Dunne, a great believer in bringing the outdoors in, favors the natural scents of flowers, fruit and herbs. She layered them provocatively in this room, placing an herb garden in a cast-iron planter at one window and po chocolate-, lemon- and mint-scented geraniums bei the sofa. (The planter was a flea-market find.) Bow limes and kumquats provide a dash of citrus. For ato note, there's an orchid in the bookcase.



Brimming with chives, fennel, rosemary and even baby lettuce, this herb garden thrives in a sunny window

The air you breathe matters, too: Fill your rooms with the fragrance of herbs, flowers and fruit



A tabletop waterfall, lavished with rose petals, a trio of seashells and vase of flowers, evokes the outdoors. The silk tassel is a pleasure to pull

LESSON FOUR: Create hospitality through the sense of ta Fresh fruit, bowls of nuts and dishes of candy a props to Dunne—they're to be enjoyed. To make guests truly feel welcome, she advises having bowl hand so that they can easily dispose of wrappers, n or shells. Dunne says that one can also evoke the s of taste through color—the fudge-brown of a pillo the bonbon-pink of a vase.

LESSON FIVE: Use sound to make a room come alive. Du incorporates wind chimes and even a tiny indoor foun in this room to enhance its sense of rhythm and ha ny. The fountain (under $100 and widely available) r ates a soothing, gurgling sound; the chimes, their special music. —*Stephanie Golce*

All photos, Mark Lohman. Accessories, Algabar. For details, see page 172.

Messes come in all sizes, fortunately so does Bounty Select-A-Size.



One sheet for small jobs.
Messy faces, wet hands, splats of pudding..

Two sheets for regular jobs.
Cups that slip,drops of jelly, a smear of sticky peanut butter

Three sheets for large jobs.
Puppy paw-prints.

So many spills and messes in so many sizes. Just when you finish cleaning a face, someone else's juice goes "splop," or the puppy's muddy paw prints need cleaning. With Select-a-Size you can choose just what you need for every job. And with Bounty's outstanding absorbency and durability, even smaller sheets clean up spills and messes quickly! Splashes, splatters, sprinkles, dabs, drips, puddles. Select-a-Size is always the right size for any job.

The Quilted Quicker Picker-Upper

Bounty
Select-a-Size

P&G 1998

SEEK-N-FIND

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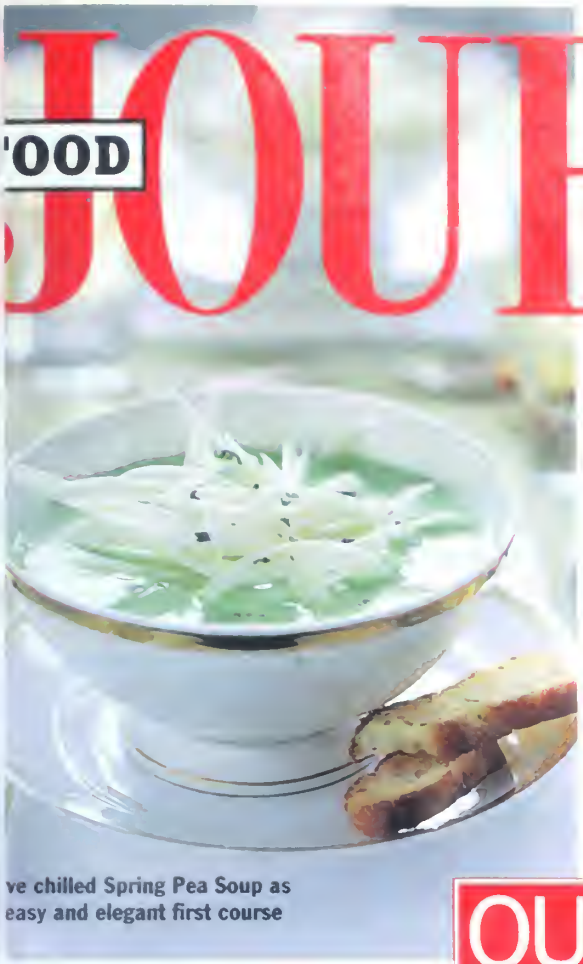
STILL NOT EASIER THAN *EASY MAC!*™



It's 6 single servings! *It's microwaveable!* It's ready when kids are!

'OOD

JOURNAL



ve chilled Spring Pea Soup as easy and elegant first course



Matzo Ball Soup is classic comf

QUICK MEALS



rtavera Soup boasts a inty of spring vegetables

If **soup** is good for the soul, as they say, then you'll be well-nourished indeed by these tasty three. This month, we also goof-proof your **favorite family dishes**, including **cheesecake**, share a perfect holiday **baked ham** and assemble a guilt-free **lasagne**

Matzo Ball Soup

We trimmed the time it takes to make this homestyle Old World soup by using prepared matzo ball mix and added extra flavor to the matzo balls with chopped fresh dill.

Prep time: 12 minutes **Cooking time:** 15 to 18 minutes
Easy

2 large eggs
4 tablespoons vegetable oil, divided
1 packet matzo ball mix (from a 5-oz. box)
1 medium onion, chopped
1 medium carrot, thinly sliced
½ cup thinly sliced celery
4 cans (14½ oz. each) chicken broth
Pinch freshly ground pepper
1 tablespoon finely chopped fresh dill

1. Beat eggs and 2 tablespoons oil in bowl with fork; add matzo ball mix, stirring with fork until smooth. Refrigerate 10 minutes.
2. Heat remaining 1 tablespoon oil in saucepan over medium heat. Add onion, carrot and celery; cook 3 to 4 minutes, until tender. Add broth and pepper; bring to a boil.
3. Stir dill into matzo mixture; shape by level tablespoons into 18 walnut-size balls, dropping each into hot broth during shaping. When broth returns to a boil, reduce heat and simmer 15 to 18 minutes, until matzo balls have doubled in size and are cooked through. Makes 4 servings.

Per serving: 310 calories, 16 g total fat, 3 g saturated fat, 106 mg cholesterol, 3,355 mg sodium, 32 g carbohydrates, 9 g protein, 121 mg calcium, 4 g fiber

Spring Pea Soup

This snazzy chilled soup with frozen peas is a snap to make. (Tip: If you don't have enough fennel stalks for the broth, use part of the bulb.)

Total prep time: 18 minutes plus chilling
Easy

1 large bulb fennel (¾ lb.), with stalks and fronds
4 cups water
1 package (10 oz.) frozen peas, thawed
¼ cup heavy or whipping cream
1 tablespoon Liquore di Limoni (lemon liqueur)
1 teaspoon minced shallot
1 teaspoon salt
1 tablespoon chopped fresh mint, for garnish

1. Coarsely chop enough of the stalks and fronds from the fennel to equal 3 cups. (Reserve remaining fennel bulb.) Transfer stalks and fronds to saucepan, add 4 cups water and bring to a boil. Simmer 10 minutes.
2. Cut ⅔ cup matchstick-size strips from fennel bulb.
3. Strain fennel broth; discard solids. Puree peas, cream, liqueur, shallot and salt in blender; add broth and blend until smooth. Strain soup through sieve into metal bowl. Place in larger bowl and fill with ice and water to reach halfway up side of soup. Stir until soup is cold.
4. Divide soup among 5 serving bowls. Divide and top each serving with fennel strips and mint. Makes 5 servings.

Per serving: 85 calories, 4.5 g total fat, 3 g saturated fat, 16 mg cholesterol, 566 mg sodium, 9 g carbohydrates, 3 g protein, 40 mg calcium, 0 g fiber

SPRING SOUPS

Marvelous Meringue

If you're serious about desserts, making meringue (a mixture of beaten egg whites and sugar) is an essential skill to master. For a soft, fluffy meringue to swirl on top of pies or to use as part of a mousse or dessert soufflé mixture, gradually add the sugar at medium speed to softly beaten egg whites, one or two tablespoons at a time, until it is completely incorporated. (To test, rub a bit of meringue between your fingertips. It should feel smooth, not gritty.) Continue to beat at high speed until the mixture forms stiff, glossy peaks.



Primavera Soup

Primavera is Italian for spring, and true to its name, this light and pretty soup highlights the season's freshest flavors: carrot, squash and asparagus. Lemon slices make the soup extra vibrant.

Prep time: 15 minutes. **Cooking time:** 10 to 13 minutes
Easy

1 tablespoon butter (no substitutions)
⅓ cup minced shallots
½ cup diced carrots
1 small yellow squash, quartered and thinly sliced
2 cans (14½ oz. each) chicken broth
1 teaspoon chopped fresh thyme or tarragon
⅛ teaspoon freshly ground pepper
½ pound asparagus, trimmed and cut into ½-inch pieces
4 thin fresh lemon slices

Melt butter in medium saucepan over medium-high heat. Add shallots and cook 3 minutes, until they begin to brown. Add carrots and squash; cook 3 to 4 minutes, until tender. Add broth, thyme and pepper; bring to a boil. Add asparagus; reduce heat slightly, and cook 3 to 5 minutes, until tender. Divide soup among 4 serving bowls; top each with a lemon slice. Makes 4 servings.

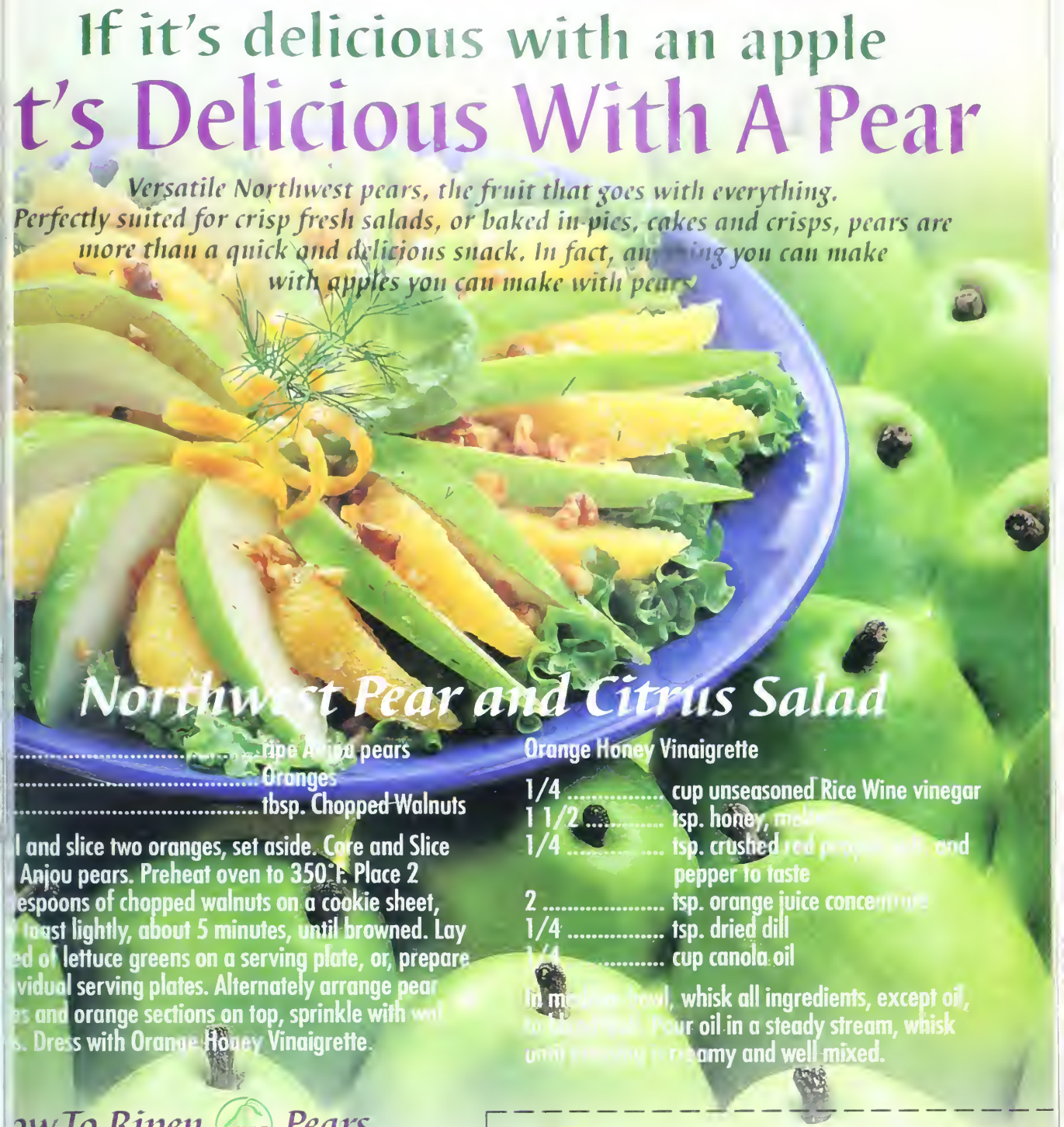
Per serving: 80 calories, 4.5 g total fat, 2.5 g saturated fat, 8 mg cholesterol, 913 mg sodium, 8 g carbohydrates, 4 g protein, 31 mg calcium, 1 g fiber

Recipes by Cynthia DePersio

If it's delicious with an apple

t's Delicious With A Pear

Versatile Northwest pears, the fruit that goes with everything. Perfectly suited for crisp fresh salads, or baked in pies, cakes and crisps, pears are more than a quick and delicious snack. In fact, anything you can make with apples you can make with pears.



Northwest Pear and Citrus Salad

..... ripe Anjou pears
..... Oranges
..... tbsp. Chopped Walnuts

l and slice two oranges, set aside. Core and Slice Anjou pears. Preheat oven to 350°F. Place 2 espoons of chopped walnuts on a cookie sheet, toast lightly, about 5 minutes, until browned. Lay ed of lettuce greens on a serving plate, or, prepare vidual serving plates. Alternately arrange pear s and orange sections on top, sprinkle with wal s. Dress with Orange Honey Vinaigrette.

Orange Honey Vinaigrette

1/4 ..... cup unseasoned Rice Wine vinegar
1 1/2 ..... tsp. honey, melted
1/4 ..... tsp. crushed red pepper, salt and pepper to taste
2 ..... tsp. orange juice concentrate
1/4 ..... tsp. dried dill
1/4 ..... cup canola oil

In medium bowl, whisk all ingredients, except oil, to blend well. Pour oil in a steady stream, whisk until dressing is creamy and well mixed.

ow To Ripen Pears



Always ripen your fresh Northwest Pears by putting them in a paper bag or bowl until they give slightly at the stem end. Keep a supply in the refrigerator to replenish your ripening pears as you use them. You'll always have a supply of ripe pears, ready when you need them.

it the Northwest Pears website for ormation, more recipes, and a section just for kids.

p://www.usapears.com

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Actual Size 1 1/2"

Order a Northwest Pear brooch or pendant, in 24K gold wash. Send $4.50 and proof of purchase of 3 pounds of Northwest Pears, and you'll also receive a full color recipe folder with innovative ideas for fresh pears.

Name _____

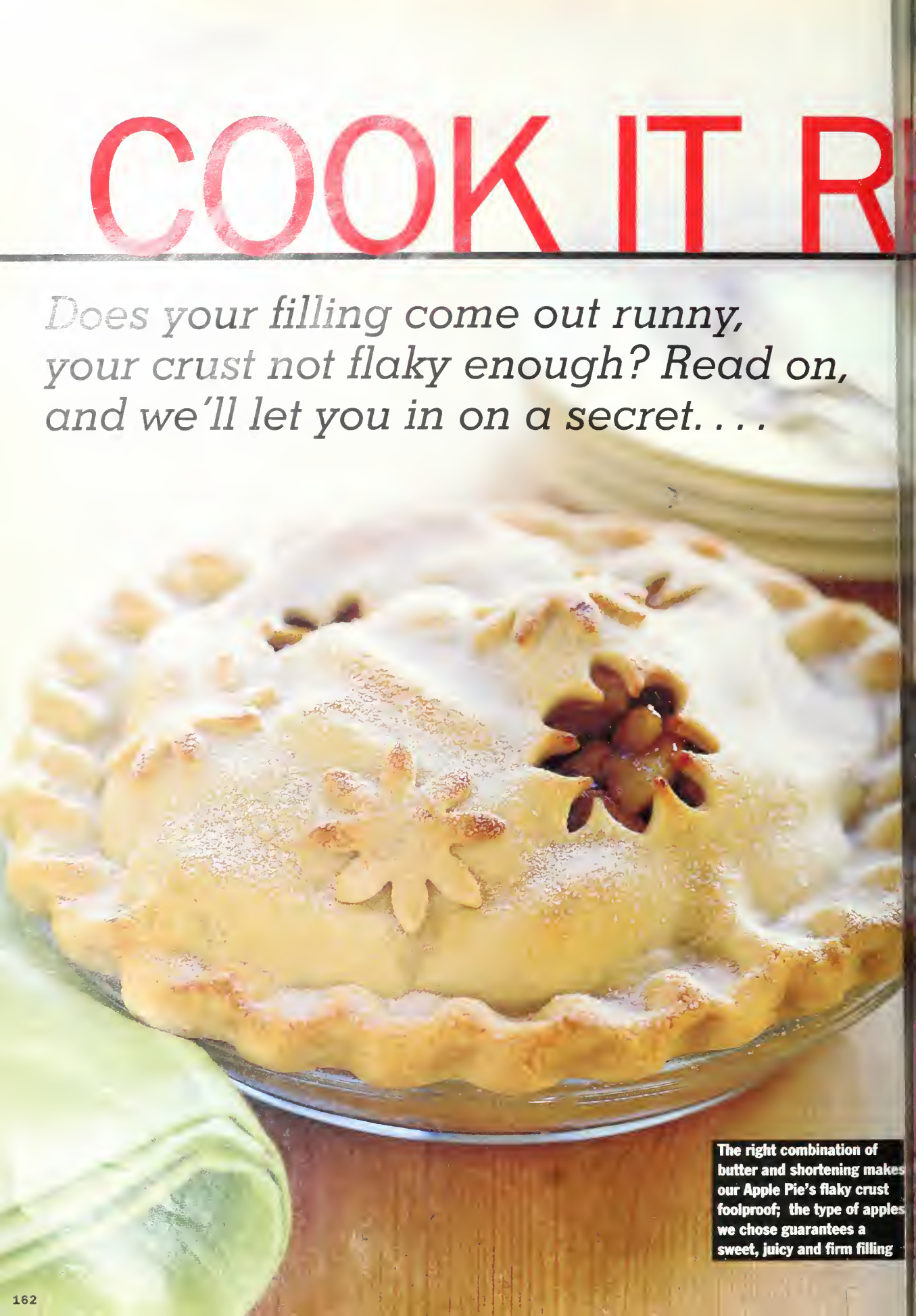
Address _____

City, State, Zip _____

Send to: Pear Bureau Northwest, Studio H
4382 SE International Way, Ste A
Milwaukie, Oregon 97222-4635

COOK IT R

Does your filling come out runny, your crust not flaky enough? Read on, and we'll let you in on a secret. . . .



The right combination of butter and shortening makes our Apple Pie's flaky crust foolproof; the type of apples we chose guarantees a sweet, juicy and firm filling

GHT!



Roast Chicken with Herbs and Garlic stays moist and tender, thanks in part to flavored butter tucked under the skin

risp skin and moist breast meat?
t the same time? Take it from us, you
an make the impossible happen. . . .

COOK IT RIGHT!

My mother's pork chops were always wonderfully succulent, but no matter what I do, mine turn out dry and tough. What did she know that I don't?

Actually, it's not that you're doing anything wrong. Pork today is lean. Lamer than it used to be, and less fat can mean drier texture. To compensate, we recommend using extra thick bone-in rib pork chops from the loin (the bone gives the meat more flavor and helps keep it moist). To seal in the juices, you should brown the chops quickly in a skillet, then finish cooking them over a slightly lower heat, covered. Heat the seasonings or sauces you choose—we added golden sweet onion and a cider-mustard sauce briefly with the chops at the end of the cooking time. Use an instant-read meat thermometer to guarantee the chops are perfectly cooked.

Pro tip: When reading the internal temperature of pork, insert stem end of an instant-read thermometer into the side of each chop for at least 20 seconds.

PORK CHOPS WITH CIDER AND ONION

Prep time: 10 minutes
Cooking time: 27 to 31 minutes
Easy

1 tablespoon plus 2 teaspoons butter or margarine, divided
1 medium Spanish onion (¾ lb.), thinly sliced
1 teaspoon salt, divided
½ cup chicken broth
¼ cup cider vinegar
1 tablespoon firmly packed brown sugar
1 tablespoon whole-grain mustard
4 rib pork chops, about 1 inch thick (2½ lbs.)
¼ teaspoon freshly ground pepper
1 tablespoon olive oil
Fettuccine (optional)

1. Melt 1 tablespoon butter in 12-inch nonstick skillet over medium-high heat for about 1 minute on electric stovetop (medium heat for gas). Add onion; cover and cook 10 to 12 minutes, until golden, stirring once. Sprinkle onion with ½ teaspoon salt; cook 3 to 4 minutes more, until caramelized. Add broth, vinegar, brown sugar and mustard; bring to boil. Reduce heat slightly and cook 3 minutes. Transfer to bowl; wipe out skillet with paper towels.

2. Sprinkle chops with remaining ½ teaspoon salt and pepper. Heat oil in same skillet 1 to 2 minutes over medium-high heat. Add pork and brown 1 minute per side. Cover and cook 4 minutes, then turn chops and cook 4 to 5 minutes more, until an instant-read thermometer inserted 1½ inches deep into side of each chop registers 145°F. Spoon onion sauce over pork; cover and cook 1 minute. Dot onion with remaining 2 teaspoons butter. Remove skillet from heat; cover and let stand 2 minutes. (Temperature should register 155°F.) Transfer chops to a serving platter. Serve with fettuccine, if desired. Makes 4 servings.

Per serving without fettuccine: 515 calories, 33.5 g total fat, 12 g saturated fat, 124 mg cholesterol, 893 mg sodium, 12 g carbohydrates, 39 g protein, 75 mg calcium, 1 g fiber

How can I make chicken that's juicy on the inside, crisp on the outside? Mine always wind up having dry white meat or soggy skin.

One trick is to tuck butter—we seasoned ours with rosemary and sliced garlic—under the skin of the breast so that the chicken bastes from within. This flavors the meat and keeps it moist. To sear in the juices and crisp the skin, brown the chicken quickly and evenly: Place it on a wire rack inside the roasting pan so heat can circulate under the bird, and roast in a very hot oven (425°F.), rotating pan four times during roasting. Then let the chicken stand, loosely covered, 10 minutes before serving so the juices redistribute throughout the meat.

Pro tip: If you don't have a wire rack, spread 2 carrots, cut up, and 1 onion, cut into wedges, in the pan and place the chicken on top.

ROAST CHICKEN WITH HERBS AND GARLIC

Prep time: 15 minutes plus standing
Baking time: 75 to 80 minutes
Moderate

1 whole chicken (3½ lbs.)
1¼ teaspoons kosher salt, divided
¾ teaspoon freshly ground pepper, divided
½ lemon
4 cloves garlic, divided
3 large sprigs rosemary, divided
6 teaspoons butter, softened
substitutions)

1. Heat oven to 425°F. Arrange a metal folding r in a 13x9-inch roasting p Set aside.

2. Rinse chicken under c running water; pat skin a cavity dry with paper tow Discard excess fat. Sprinl cavity with ¼ teaspoon e salt and pepper. Place le half, 1 garlic clove and 1 rosemary sprig inside cavity. Thinly slice remaining 3 cloves of gar and remove leaves from remaining rosemary branches.

3. Carefully lift skin away from chicken breast with fingers or the handle of a wooden spoon. Place 2 teaspoons butter, sliced garlic and rosemary leave under skin. Rub remainin 4 teaspoons butter over entire chicken. Sprinkle w remaining 1 teaspoon salt and ½ teaspoon pepper. T legs together with kitchen string. Place chicken, bre side down, on rack. Roas 30 minutes. Reduce oven temperature to 350°F. Tu chicken to one side; roast 15 minutes. Turn chicken other side and roast 15 minutes. Turn chicken breast side up and roast 15 to 20 minutes more, until meat thermometer inserted in chicken thigh registers (without touchin bone) 180°F.

4. Transfer chicken, breas side up, to cutting board. Cover loosely with foil; let stand 10 minutes before carving. Makes 4 servings.

Per serving: 450 calories, 26.5 g total fat, 8.5 g saturated fat, 162 mg cholesterol, 633 mg sodium, 1 g carbohydrates, 48 g protein, 39 mg calcium, 0 g fiber

(continu

PERFECT HARD-COOKED EGGS

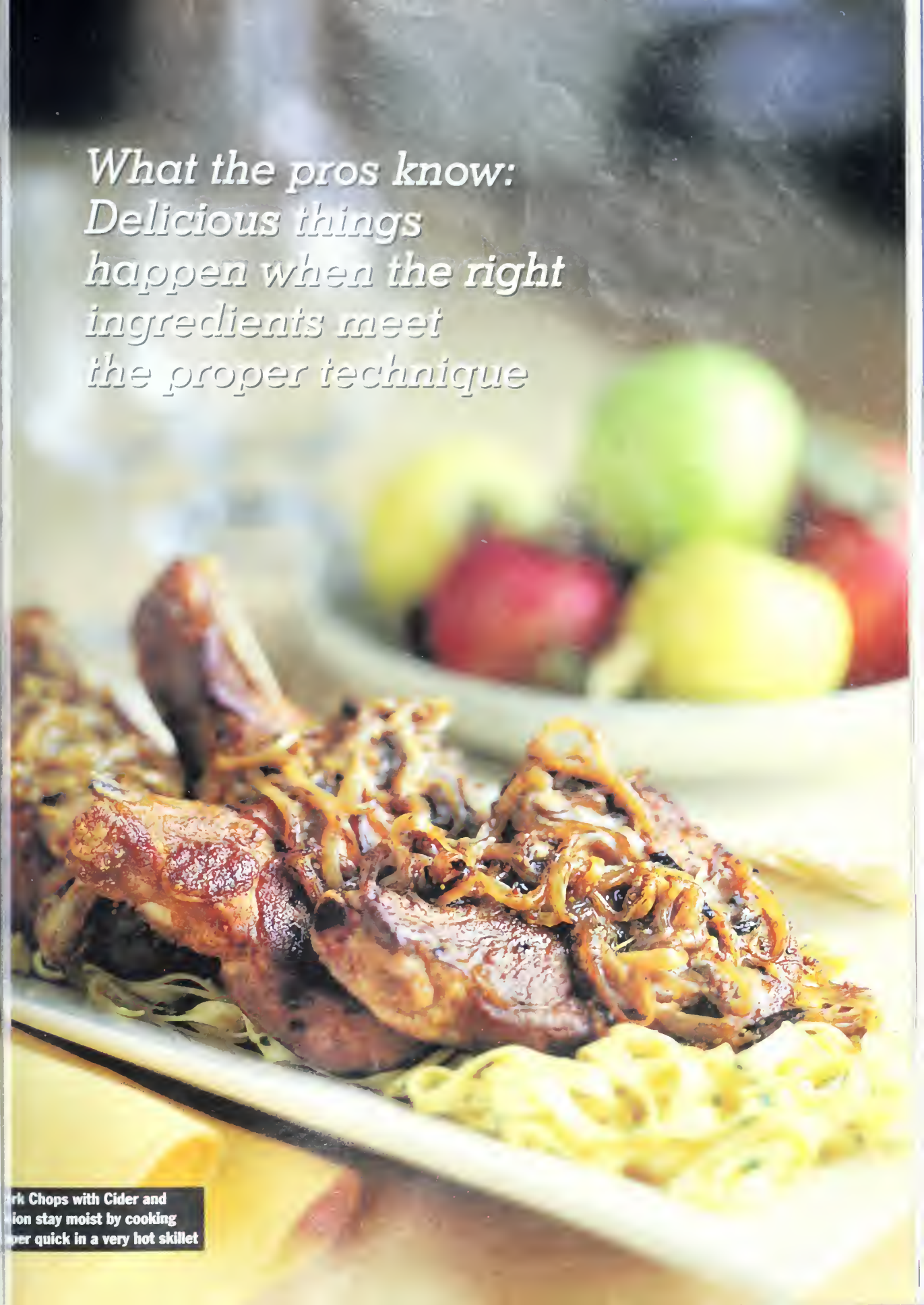
If your hard-cooked eggs sometimes turn out rubbery, hard-to-peel or have green-tinged, dry yolks, you'll be thrilled with this foolproof formula.

1. Place the desired number of large eggs in a single layer in a saucepan. Add enough water to cover by at least one inch. Bring water just to boil.

2. Remove pan from heat; cover and let eggs stand 15 minutes.

3. Carefully drain eggs into a colander and immediately run cold water over them (or place them in ice water) until completely cooled.

4. Tap each egg gently on all sides to crack shells. Roll egg between hands to loosen shell, then peel, starting at the large end. The shell peels off even more easily if you hold the egg under cold running water.



What the pros know: Delicious things happen when the right ingredients meet the proper technique

rk Chops with Cider and
ion stay moist by cooking
er quick in a very hot skillet

COOK IT RIGHT!

Continued

How can I make a vinaigrette salad dressing that tastes as good as those served in restaurants?

Many vinaigrette recipes start with a three-to-one proportion of oil to vinegar. That might be okay if you have very good (i.e., expensive) type of vinegar; if not, the dressing will be too harsh and acidic. Our solution is to start with a



lower proportion of white- and red-wine vinegar (the combined flavor is excellent), and add Dijon mustard (which also contains vinegar), a tablespoon of water and a pinch of sugar. Then we gradually whisk in extra-virgin olive oil in a slow, steady stream, which emulsifies the dressing and prevents it from separating. Plus, we substitute chopped shallot for the more typical—and more assertive—garlic.

Pro tip: When whisking the oil into the dressing, place a damp paper towel under the bowl to keep it steady.

VINAIGRETTE DRESSING

Total prep time: 10 minutes
Easy

Vinaigrette
- *2 tablespoons white-wine vinegar*
- *1 tablespoon red-wine vinegar*
- *1 tablespoon warm water*
- *1 teaspoon finely chopped shallot*
- *1 teaspoon Dijon mustard*
- *teaspoon salt*
- *teaspoon freshly ground pepper*
- *Pinch sugar*
- *cup olive oil*

8 cups (8 oz.) assorted salad greens

1. **Make vinaigrette:** Whisk together all ingredients except oil in medium bowl, until well combined. Slowly whisk in oil until well blended. Makes ¾ cup. Transfer to a jar. Cover and refrigerate up to 3 days.
2. For salad, toss greens with ¼ cup vinaigrette in a large serving bowl. (Reserve remaining vinaigrette for more salads.) Makes 6 servings.

Per serving: 170 calories, 18 g total fat, 2.5 g saturated fat, 0 mg cholesterol, 221 mg sodium, 2 g carbohydrates, 0 g protein, 17 mg calcium, 0 g fiber

I love scalloped potatoes, but when I make them, the dish curdles and the potatoes cook unevenly. What am I doing wrong?

Most likely, your problem is your choice of ingredients. For the dish to thicken properly, you need to use russet potatoes, which have the highest starch content. You should also use heavy cream—not just milk or half-and-half—because the fat prevents curdling. To ensure that potatoes cook evenly, cut them to uniform thickness, and add some sweet, nutty Gruyère cheese for a final flavor flourish.

Pro tip: Because potatoes can darken once sliced, prepare this dish right before you plan to bake it. Parboiling or letting the sliced potatoes stand in cold water before baking will reduce their starch content and make the dish runny.

THE ULTIMATE SCALLOPED POTATOES

Indulgent But Worth It

Prep time: 15 minutes
Baking time: 60 to 70 minutes

Easy

- *1 teaspoon butter or margarine, softened*
- *1 large garlic clove, peeled*
- *1 cup heavy or whipping cream*
- *⅓ cup milk*
- *1 teaspoon salt*
- *⅛ teaspoon freshly ground pepper*
- *2 pounds russet potatoes, peeled and sliced ⅛ inch thick*
- *1 cup coarsely shredded Gruyère cheese*
- *¼ cup finely shredded Parmesan cheese*

1. Heat oven to 350° F. Butter a 2-quart shallow baking dish.
2. Lightly crush garlic with side of



knife. Heat cream, milk, garlic, salt and pepper in small saucepan over medium-high heat, until small bubbles appear around edge of pan; remove from heat and let stand 10 minutes.
3. Meanwhile, pat potato slices with paper towels. Arrange half the potatoes in overlapping slices along the bottom of prepared dish. Pour half the cream mixture over the potatoes, then sprinkle with half the cheeses. Repeat with remaining potatoes, cream mixture and cheeses. Bake 60 to 70 minutes, until top is a deep brown and potatoes are tender when pierced with a knife. Makes 6 servings.

Per serving: 365 calories, 24 g total fat, 14.5 g saturated fat, 84 mg cholesterol, 573 mg sodium, 27 g carbohydrates, 11 g protein, 291 mg calcium, 2 g fiber

My apple pie could use some improvement. How do I make a flaky pastry crust and a fruit filling that's juicy but not runny?

The trick is to combine the right ingredients with the right technique. We suggest using chilled butter and shortening in the piecrust—the result is far flakier than using either by itself. And so that you don't *(continue)*

LADIES' HOME JOURNAL online — Never Underestimate The Power Of A Woman

There's lots more "Cook It Right" secrets from the pros in the *Ladies' Home Journal* kitchen on our Web site. Log on to http://www.lhj.com/kitchen/

You'll find video demonstrations to help you make three of the recipes on these pages—Foolproof Chicken Cutlets, Vanilla Cheesecake, and Flounder with Zucchini Relish.

Also on our site, you can register to receive the LHJ RecipE-mail, a delicious doable recipe sent to you daily via E-mail direct from our kitchens. Sign up now, and you'll be in time to receive these recipes: Roast Pork Tenderloin with Sweet Potatoes, BBQ Steak Wrap, and Chocolate–Peanut Butter Ice-Cream Pie plus lots of other taste treats.

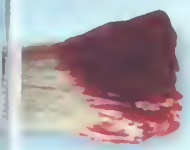
And, while you're logged on, check out our "One-Pot Meals," including recipes for Three-Bean Chili, Mom's Chicken Soup, Light Shrimp Risotto and lots more. See you in the kitchen at LHJ Online!

COUNTRY PORK SKILLET

Serves 4

- 4 boneless top loin pork chops, diced
- 1 12-oz. jar pork gravy
- 2 T. ketchup
- 8 small red potatoes, diced
- 2 c. frozen mixed vegetables





...before meals.

Brush on the teriyaki sauce. The pineapple preserves. Or the barbecue sauce with peach... Give chops the brush. And your... don't give dinner the brush off.

...any weeknight like Sunday.

...s are as easy to make as to... like pork loin roast served on Sunday, the Monday's sandwiches, Tuesday's... and Wednesday's pot pie.



...D-CRUSTED PORK ROAST

...boneless ...in roast ... mustard ... croutons, ...

...with leftovers ...to 400°F. Season ...salt and pepper, ...allow pan and ...minutes; remove ...spread surface ... with mustard and sprinkle with crouton crumbs. Return to oven and continue to roast for 10-15 minutes longer, until meat thermometer registers 155°F.

(Place croutons in plastic bag, roll with rolling pin until crushed.) Serve with broccoli spears, green salad with your favorite dressing and hot French bread.

Nutrient information per Three-ounce Serving: Calories: 190; Fat: 7g; Sat Fat: 2.5g; Sodium: 190mg; Cholesterol: 65mg

A slice of heaven.

...

Marinades: Pour on the flavor.

...fresh pork, put ... in resealable bag and ... teriyaki soy sauce ... Italian dressing. ... in your refrigerator for 20 minutes to overnight. It's a symphony for the senses.





TEX-MEX CHOPS

4 top loin pork chops
1 1/2 c. salsa

Serves 4

Season chops with salt and pepper. Brown on one side in non-stick skillet, turn chops and add salsa to skillet, bring to a boil, lower heat, cover and simmer for 8 minutes. Garnish with cilantro.

Serve with sautéed summer squash and cooked rice or corn.

Approximate Nutrient Information per Serving:
Calories 180; Protein 26g; Fat 6.6g; Sat Fat 2g; Sodium 300mg; Cholesterol 60mg

…IGHT!

…the dough, it's a good idea to … handheld pastry blender. To … the excess liquid that makes a pie … we use great-for-baking Golden … and Gala apples, which require less sugar, and then we add cornstarch to the filling.

Pro tip: Freeze the butter and shortening for ten minutes before adding to the flour mixture.

APPLE PIE

Prep time: 30 minutes plus chilling
Baking time: 63 to 67 minutes
Moderate, Microwave used

Pastry
- *2¼ cups all-purpose flour*
- *2 tablespoons confectioners' sugar*
- *½ teaspoon salt*
- *½ cup cold unsalted butter (no substitutions), cut into ½-inch cubes*
- *¼ cup vegetable shortening, chilled*
- *⅓ cup orange juice*
- *1½ to 2 tablespoons cold water*

Filling
- *2½ pounds Gala and Golden Delicious apples, peeled, cored and cut into ¼-inch-thick wedges*
- *½ cup firmly packed brown sugar*
- *3 tablespoons cornstarch*
- *2 tablespoons Calvados, applejack or brandy*
- *1 teaspoon cinnamon*
- *1 tablespoon unsalted butter (no substitutions)*

1 tablespoon heavy or whipping cream
1 tablespoon granulated sugar

1. *Make pastry*: Whisk together flour, confectioners' sugar and salt in large bowl. With pastry blender or two knives, cut in butter and shortening until mixture resembles coarse crumbs. With fork, gradually stir in orange juice and 1½ tablespoons water. When dough begins to come together (adding remaining ½ tablespoon water, if necessary), turn dough out onto surface and gently press into a disk. Cut in half and shape into 2 disks. Wrap each disk in plastic wrap and refrigerate 1 hour. *Can be made ahead. Refrigerate up to 2 days.*

…filling: Toss all … except butter … large bowl.

3. … rack in lower third of oven. Line a cookie sheet with foil and place on oven rack. Heat oven to 425°F.

4. On a lightly floured surface with floured rolling pin, roll one pastry disk out to an 11½-inch circle; fit into 9-inch pie plate and trim pastry ½ inch wider than edge of pie plate. Freeze 5 minutes. Arrange one layer of tightly packed apple wedges, spoke-fashion, in prepared pie shell. (This will prevent empty space between apples and crust.) Repeat with remaining apples, stacking the layers until the pastry is full. Pour any juices left in bowl over the fruit; dot top with butter. Roll remaining pastry into a 10-inch circle. Cut out three flowers with a 1½-inch flower-shaped cookie cutter. Arrange dough over apples. Gently press flower cutouts on top of pie; trim and flute edges (see "Tip-Top Crust," below). Brush top with cream. Sprinkle top evenly with granulated sugar.

5. Place pie on hot cookie sheet; bake 25 minutes, until edge of crust is golden. Reduce oven temperature to 400°F. Cut a vent in center of a piece of foil; cover pie. Bake pie 38 to 42 minutes more, until top is golden and filling is bubbly. Uncover and cool completely on wire rack. Makes 8 servings.

Per serving: 455 calories, 20.5 g total fat, 10 g saturated fat, 37 mg cholesterol, 154 mg sodium, 66 g carbohydrates, 4 g protein, 31 mg calcium, 3 g fiber

TIP-TOP CRUST



Here's how to make a decorative double piecrust. 1. Roll pastry for bottom crust to a 11½-inch circle. Fold in half and ease gently into pie plate. Unfold dough, letting pastry hang over edge. Trim pastry ½ inch wider than rim of plate. Fill with apples. Roll out remaining pastry for top crust and cut out flowers. Fold pastry in half and place on top of fruit. 2. For a fluted edge, fold top pastry over bottom pastry. Form an even pastry edge around rim of plate. Place your right index finger on the outside of the rim. Press the pastry toward the center of the pie plate, while pressing on the rim of the pie plate with your left thumb and index finger. Repeat around edge of pie. Attach pastry flowers.

I need a cheesecake that's guaranteed not to crack.
Cracking is due in large part to temperature fluctuations inside and outside your oven. But baking a cheesecake in a hot-water bath (or *bain-marie*) provides uniform heat distribution. The moist oven heat w… also produce a cake with a wonderf… rich and creamy texture.

Pro tip: Always wrap the springform … with a double thickness of foil (preferably heavy-duty) to make it watertight. When adding hot water … the roasting pan, use a teapot or lar… liquid measure, taking care not to p… any water into the batter.

VANILLA CHEESECAKE

Food Editor's Favorite

Prep time: 20 minutes plus standing and chilling
Baking time: 1 hour
Moderate

Crust
- *1¼ cups graham-cracker crumbs*
- *¼ cup sugar*
- *3 tablespoons whole blanched almond… toasted and finely ground*
- *5 tablespoons butter or margarine, melted*

Filling
- *1 vanilla bean, split, 2 teaspoons vanill… extract*
- *4 packages (8 oz. ea… cream cheese, soft…*
- *1½ cups sugar*
- *4 large eggs, at room temperature*
- *⅓ cup sour cream*

Whole and sliced fresh strawberries, for garnish

1. Heat oven to 350°F…
2. *Make crust*: Combin… graham-cracker crumb… sugar, almonds and butter in bowl until crumbs are evenly moistened. Press mixtu… into bottom of a 9-inc… springform pan. Bake until golden brown, 10 minutes. Cool on wire rack. Wrap bottom and side of pa… with heavy-duty foil. Set aside.
3. *Make filling*: Reduce… oven temperature to 325°F. Remove seeds from vanilla bean with tip of small *(continu…*



T-Bone to a T

Simply marinate a 2lb. steak with 1/2 cup Lea & Perrins® Worcestershire Sauce and 1 med. onion (chopped or in rings) for 30 minutes. Grill 5 inches from heat, 5 minutes each side. Baste with extra marinade.

There's no easier way to bring tangy, robust flavor to a meal than by marinating with original Lea & Perrins® — the number one worcestershire sauce. Without its unique blend of ingredients and spices, marinade is not quite marinade.

'S NOT MARINATED IN LEA & PERRINS, SOMETHING'S MISSING.

COOK IT RIGHT!

paring knife or spoon; set aside. Place bean in a canister with granulated or confectioners' sugar to make vanilla sugar.) Beat cream cheese in mixer bowl on medium-high speed, 3 minutes. Scrape side of bowl with rubber spatula. Beat in vanilla seeds. Gradually beat in sugar, scraping sides of mixer bowl with rubber spatula. Add eggs, one at a time, beating just until blended after each. Mixture is completely smooth. Stir in sour cream and vanilla extract, if using. Pour filling into prepared pan. Place pan in a larger roasting pan and carefully add enough hot water to come halfway up side of springform pan.

4. Bake 1 hour. Turn off oven. Let cheesecake stand in oven 1 hour. (Do not open door.) Remove from water bath and cool on wire rack 1 hour. Cover cheesecake and refrigerate 6 hours or overnight.

5. Remove ring from pan. Transfer cake to a flat serving plate. Garnish top of cake with whole strawberries, and serve with sliced strawberries, if desired. Makes 12 servings.



Per serving without strawberries: 525 calories, 36 g total fat, 21 g saturated fat, 170 mg cholesterol, 372 mg sodium, 41 g carbohydrates, 9 g protein, 84 mg calcium, 1 g fiber

I'm flipping out! I love fish, but cooking it is so frustrating. Every time I turn fillets in a skillet they fall apart.

The only way to keep fish fillets such as flounder, sole or snapper from flaking apart when you handle them is to . . . well, to stop handling them. For this tasty dish we browned one side of flounder fillets on top of the stove, then transferred the skillet to the oven to finish cooking. Slide the fillets onto serving plates with spatula, top with our refreshing zucchini relish with chiles and voilà! Dinner is done.

Pro tip: According to T-Fal cookware manufacturers, skillets with plastic handles are safe in the oven up to 350°F.

FLOUNDER WITH ZUCCHINI RELISH

Fastest Recipe of the Month

Prep time: 10 minutes
Cooking time: 7 to 8 minutes
Easy, Low-calorie

Zucchini Relish
- *¼ cup finely chopped onion*
- *1 medium zucchini (6 oz.), cut into ½-inch dice*
- *1 carrot, cut into ½-inch dice*
- *1 small jalapeño chile, finely chopped*
- *1 tablespoon white wine vinegar*
- *2 tablespoons olive oil*
- *½ teaspoon sugar*
- *¼ teaspoon salt*

- *4 skinless flounder fillets (6 oz. to 8 oz. each)*
- *½ teaspoon salt*
- *¼ teaspoon freshly ground pepper*





spoon cumin
spoons olive oil, divided
tomato wedges, for garnish

at oven to 350°F.
ke Zucchini Relish: Place onion in
strainer and rinse under cold
ng water. Drain. Transfer to
um bowl. Stir in remaining
dients until well combined. Set
. Makes 2 cups
it each flounder fillet crosswise in
Combine salt, pepper and cumin
cup. Sprinkle on both sides of

fish. Heat two large nonstick ovenproof skillets over medium-high heat for 2 minutes. Add 2 teaspoons oil to each skillet and swirl to coat. Place 4 pieces of flounder, skinned side down, in each skillet. Cook 3 minutes, transfer skillets to oven. Bake fish just until cooked through, 4 to 5 minutes.

4. Carefully transfer 2 pieces of fish with flexible metal spatula to 4 dinner plates. Serve with Zucchini Relish and tomato wedges, if desired. Makes 4 servings.

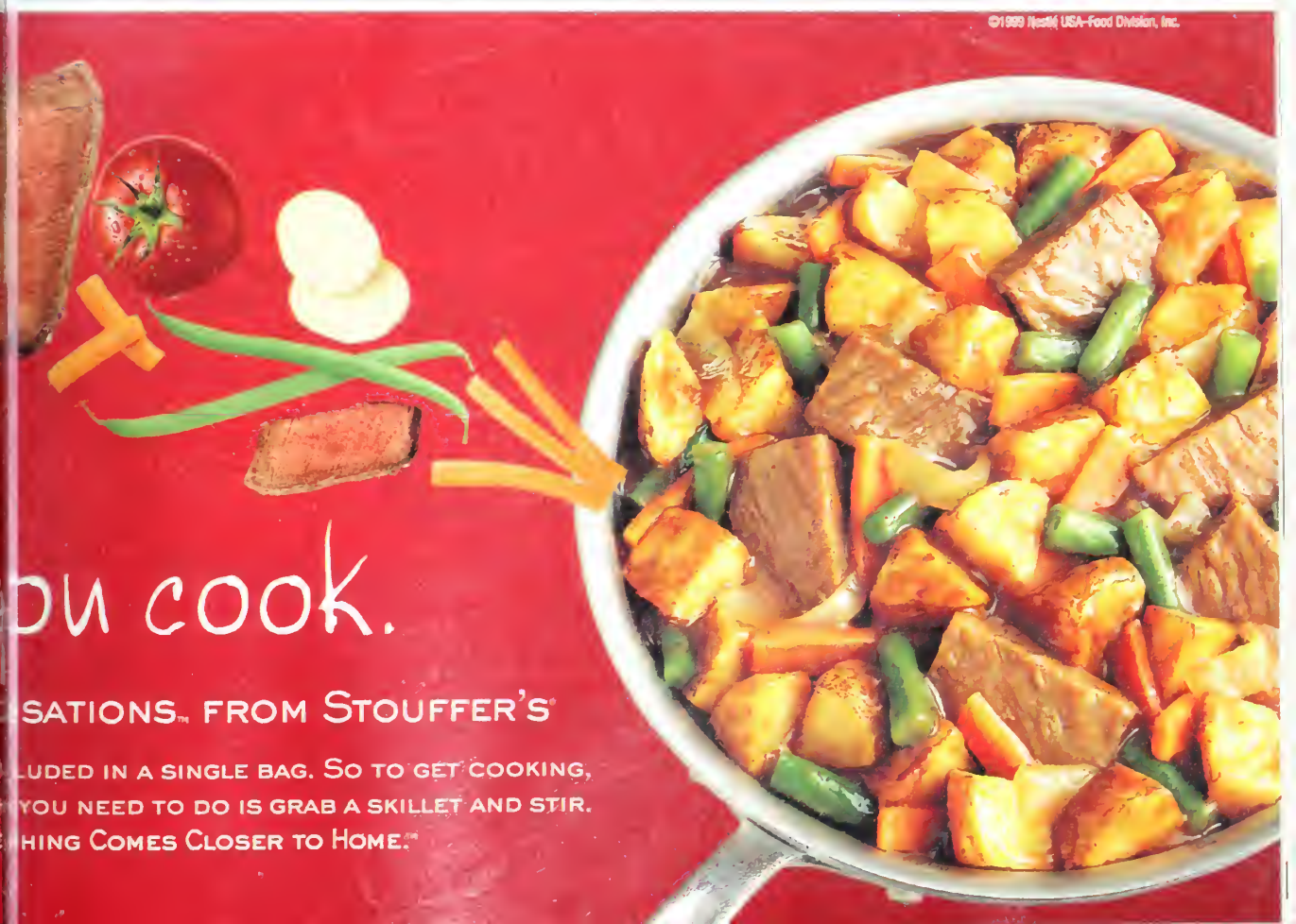
Per serving without tomato: [illegible]



What's the trick to making breaded chicken cutlets? Either my coating falls off in the pan or burns before the chicken is cooked through.

Instead of using packaged chicken cutlets, which can be very thin and overcook easily, we recommend pounding boneless, skinless chicken breasts. Pound between two sheets of plastic wrap (versus waxed paper, which tears) to uniform thickness. This way the cutlets will cook evenly. Then, so the coating will stick and stay crisp, dip the cutlets in lightly beaten egg before dipping them in seasoned bread crumbs. (Using water or milk instead of egg may not provide enough adhesion.) Finally, for a golden, even browning, use a nonstick skillet, and don't skimp on the oil.

Pro tip: It's essential that the skillet be hot enough before you add breaded cutlets. Sprinkle a few drops of water into the pan; if it sizzles, the skillet is ready. *(continued)*



(A Land O'Lakes Keeper Recipe)

Cookies

- 2 1/4 cups all-purpose flour
- 1/2 cup cornstarch
- 1/3 cup powdered sugar
- 3/4 cup LAND O LAKES Butter, softened
- 1 teaspoon grated lemon peel
- 1 tablespoon lemon juice

Frosting

- 3/4 cup powdered sugar
- 1/4 cup LAND O LAKES Butter, softened
- 1 teaspoon grated lemon peel
- 1 teaspoon lemon juice

- In large mixer bowl combine all cookie ingredients. Beat at low speed, scraping bowl often, until well mixed (2 to 3 minutes).
- Divide dough in half. Shape each half into 8x1-inch roll. Wrap in plastic food wrap. Refrigerate until firm (1 to 2 hours).
- Heat oven to 350°F. With sharp knife, cut each half into 1/4-inch slices. Place 2 inches part on cookie sheets. Bake for 8 to 12 minutes or until set. (Cookies will not brown.) Cool completely.
- In small mixer bowl combine all frosting ingredients. Beat at medium speed, scraping bowl often, until fluffy (1 to 2 minutes). Frost cooled cookies.

Makes 4 dozen cookies



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COOK IT RIGHT!

Continued

FOOLPROOF CHICKEN CUTLETS

Prep time: 15 minutes
Cooking time: 10 to 12 minutes
Easy, Low-calorie

4 skinless, boneless chicken breast halves (about 4 oz. to 5 oz. each)
3/4 teaspoon salt, divided
1/2 teaspoon freshly ground pepper
1 cup fresh bread crumbs (3 slices)
2 tablespoons freshly grated Parmesan cheese
1 tablespoon chopped fresh flat-leaf parsley
1 teaspoon chopped fresh rosemary (no substitutions)
1 large egg
1 large egg white
3 tablespoons olive oil
Lemon wedges and coleslaw, optional

1. Place chicken breasts smooth side down on a large sheet of plastic wrap. Cover with a second sheet of plastic wrap and pound gently with bottom of a small saucepan to 1/2-inch thickness. Remove plastic and sprinkle both sides with 1/2 teaspoon salt and pepper.
2. Combine bread crumbs, cheese, parsley, rosemary and remaining 1/4 teaspoon salt on a piece of waxed paper. Beat whole egg and egg white in a pie plate. Dip both sides of each cutlet in egg, then in bread-crumb mixture, to lightly coat.
3. Heat a 12-inch skillet over medium-high heat for an electric stovetop (medium heat for gas), 1 minute. Add oil; when it starts to ripple, add cutlets and cook until golden brown on each side, about 5 to 6 minutes. Transfer cutlets to 4 serving plates. Serve with lemon wedges and coleslaw, if desired. Makes 4 servings.

Per serving without coleslaw: 300 calories, 14.5 g total fat, 3 g saturated fat, 130 mg cholesterol, 658 mg sodium, 6 g carbohydrates, 34 g protein, 76 mg calcium, 0 g fiber

Is it me? I follow the directions on the box to the letter, but when I cook rice, it comes out either too wet or too sticky.

Making rice properly is more of a science than you'd think. For one thing, you have to be precise when you measure ingredients. You also need to use a heavy saucepan with a tight-fitting lid (to prevent steam from escaping) and to cook the rice over low heat (so the liquid won't evaporate too quickly, causing the rice to burn or stick). After the cooking time specified on the box, remove rice from heat and let stand five minutes.

As an alternative—and to make the job almost foolproof—make a flavor-infused pilaf instead. Because the rice cooks in butter or oil before liquid is added, there's less risk of it turning sticky. Cooking the rice in chicken broth and adding herbs gives the dish fuller flavor; adding toasted almonds lends a nice nutty crunch.
Pro tip: No need to serve rice right away. Covered, it can stand (and stay hot) up to 20 minutes.

ALMOND RICE PILAF



Prep time: 10 minutes plus standi
Cooking time: 26 to 27 minutes
Easy

1/4 cup sliced almonds
1 tablespoon olive oil
1 tablespoon butter (no substitutions)
1 cup chopped onion
1 tablespoon chopped garlic
1 1/2 cups long-grain rice
1 can (14 1/2 oz.) chicken broth, plus enough water to equal 3 cups
1/2 bay leaf
1 tablespoon chopped fresh thyme or 1/2 teaspoon dried
2 tablespoons chopped fresh flat-leaf p

1. Toast almonds over medium he small skillet, stirring often, until g brown, 2 to 3 minutes. Remove f heat and set aside.
2. Heat oil and butter in Dutch o over medium heat until butter me Add onion and cook, stirring, unt golden, about *(continued on page*

JOURNAL SHOPPING CENTER

A HOUSE FOR ALL SENSES Pages 152–156 C table photo: square beige crackle tray, gold p lain teapot and cups, large terra-cotta plate dots, striped painted chair by Michael Lee c tion, hand-painted fabric by Clifton Sch available at Algabar, 310-360-3500. E shelves: orchid, botanical prints, large bone ladies' box, round iron teapot, Algabar. Li table: votives, pots, Algabar. Herb photo: vo Algabar. Chest photo: Shibui double-spout tain, lacquer tray, Algabar.

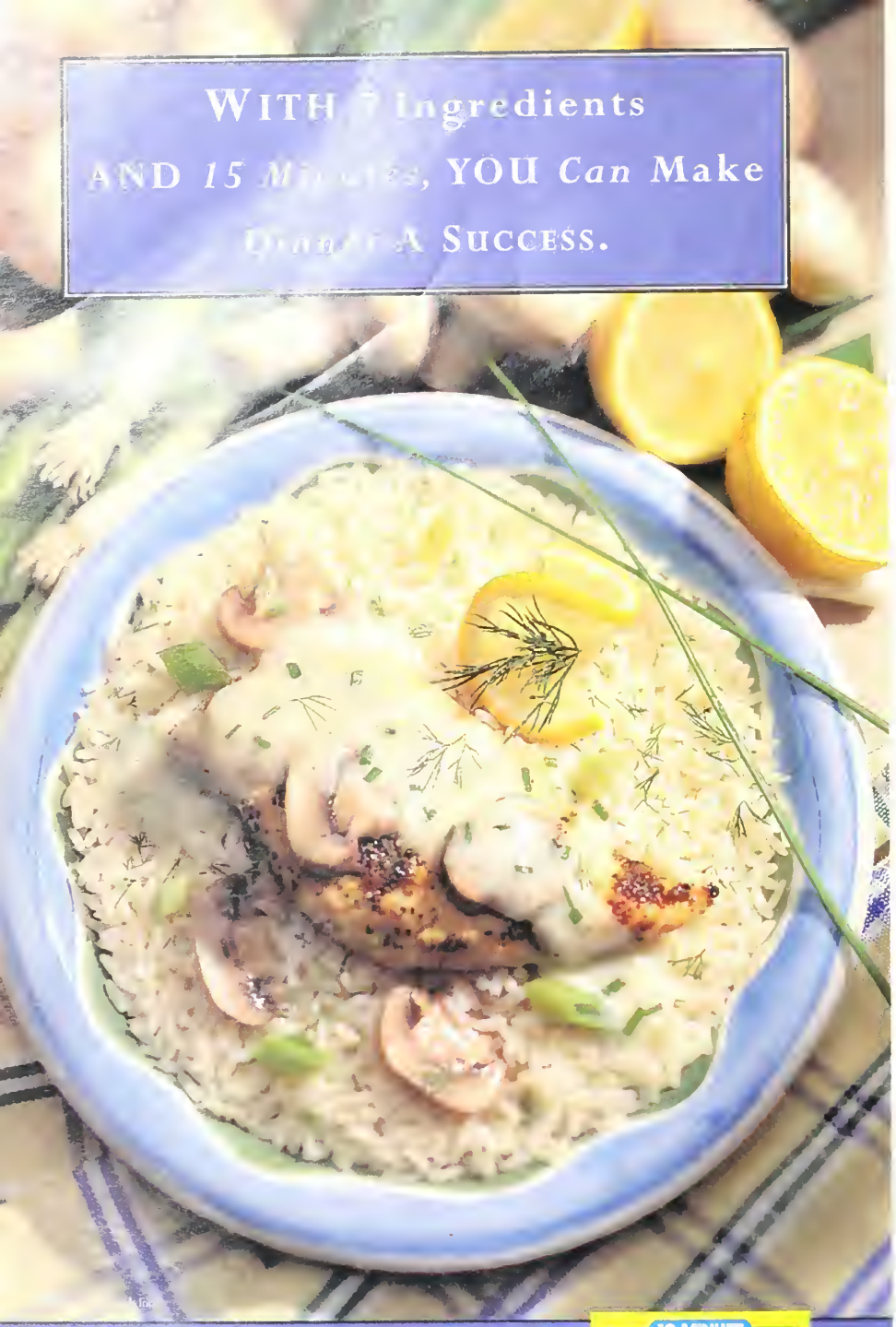
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2 bags Success® white rice
4 lemon-pepper seasoned chicken breasts
1 pkg. (1.5 ounces) lemon herb sauce mix
1 jar (4.5 ounces) sliced mushrooms, drained
4 green onions, chopped

Prepare rice and set aside. In a medium oiled skillet, brown chicken breasts for 2 minutes on each side. Remove and set aside. Prepare lemon herb sauce mix according to package directions. Add mushrooms, chicken and onions to skillet. Cover and simmer for 5 minutes. Serve over bed of hot rice. Serves 4.

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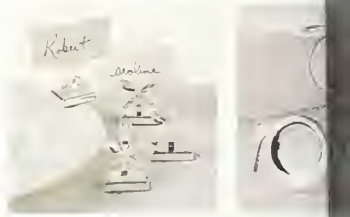
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T RIGHT!

...d from page 172

...minutes. Stir in garlic and cook ...minute more.

3. Stir in the rice until the grains are coated with the onions and glistening. Add the broth, water and bay leaf and bring to a boil; stir once. Reduce heat to low; cover pan tightly and cook rice 15 minutes. (Do not stir rice.)

4. Stir in thyme and parsley. Remove rice from heat and let stand, covered, 10 minutes. Remove bay leaf, spoon rice into serving bowl and sprinkle with almonds. Makes 4 servings. This recipe can be doubled.

Per serving: 375 calories, 10.5 g total fat, 3 g saturated fat, 8 mg cholesterol, 474 mg sodium, 62 g carbohydrates, 7 g protein, 54 mg calcium, 2 g fiber

I need a fresh-tasting homemade tomato sauce that doesn't have to simmer for hours and is thick enough to cling to a pound of pasta. In our opinion, canned tomatoes make the best pasta sauce, but the kind you use can make a difference. Our choice is domestic canned whole plum tomatoes in juice: Compared to imported brands, they make a thicker, richer-tasting sauce. The other trick for tasty sauce is to cook chopped onion, carrot and celery in the pot for five minutes before you add the tomatoes. The vegetables add depth and richness to a sauce without a lot of other ingredients.

Pro tip: Chopped fresh herbs—basil, parsley, oregano—are a wonderful flavor addition. Just stir them in during the last 10 minutes of simmering so they stay fresh-tasting.

PASTA ALLA MARINARA



Prep time: 15 minutes
Cooking time: 1 hour
Easy

3 tablespoons olive oil
½ cup chopped onion
½ cup chopped celery
½ cup chopped carrots
2 cans (28 oz. each) plum tomatoes, chopped, juice reserved
½ teaspoon salt
¼ teaspoon pepper
1 pound spaghetti or penne, cooked according to package directions
½ cup freshly grated Parmesan chees
Crusty bread, optional

1. Heat oil in large Dutch oven ov... medium heat. Add onion and coo... until lightly browned, about 5 min... Add celery and carrots and cook, stirring, 5 to 8 minutes more, unt... vegetables soften.
2. Slowly add tomatoes and juice, ... breaking up tomatoes with spoon; ... salt and pepper. Reduce heat and ... simmer sauce 1 hour, stirring ... occasionally, until thickened. (Mak... 4¾ cups.)
3. Toss hot pasta with 3 cups mar... sauce. Divide into six shallow serv... bowls. Serve with remaining sauce ... Parmesan and crusty bread, if desi... Makes 6 servings.

Per serving without bread: 440 calories, 11 g ... fat, 2.5 g saturated fat, 6 mg cholesterol, 6... sodium, 70 g carbohydrates, 16 g protein, 2... calcium, 5 g fiber ●

Recipes by Regina Ragone, Jane Yag... Goodman and Cynthia DePersio

THE BEST BAKED POTATO



Your favorite steak house may wrap potatoes in foil for baking, but, take it from us, cooking them that way is a major no-no. The covering traps moisture and steam, which continues to cook the potato; the result is soggy skin and boiled-potato-like texture. (Restaurants prepare potatoes this way because they cook them in advance and need them to stay hot.) Foil-wrapped potatoes can also be a health hazard. According to the Centers for Disease Control and Prevention, foil-wrapped potatoes provide the oxygen-free environment toxins such as botulism, which can live on the potato skin, need to grow. Here's the best way to bake a spud.

1 Arrange oven rack in center of oven. Heat oven to 425°F.

Scrub four russet potatoes (8 oz. each), being careful not to break the skin. Pierce all sides with a fork.

Arrange potatoes 2 inches apart directly on oven rack. Bake 45 minutes, until a small knife easily pierces the center of each potato. Cut an "X" in the top of each potato and push ends to open. Sprinkle with salt and pepper and serve with butter, olive oil or sour cream, if desired.

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NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan nutritious meals.

Daily Goal

Calories	2,000 (F); 2,500 (M)
Total fat	60 g or less (F); 70 g or less (M)
Saturated fat	20 g or less (F); 23 g or less (M)
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

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Whatever your snack du jour... Pep it up.™

A leaner lasagne Our version is as *robusto* as you're used to—but minus the calories and fat



Our Vegetable Lasagne with spinach and mushrooms shaves more th 500 calories o the classic rece

If you're watching your calories, there is perhaps no more delicious invitation to disaster than lasagne, with its luscious layers of cheese, pasta and sauce (and its per-serving tally of 958 calories and 53 grams of fat). But we had a feeling the great taste and texture of the dish would hold their own even without the fat. So we substituted 4 percent milkfat cottage cheese for the ricotta. Then we made our own low-fat tomato sauce, added mushrooms and spinach, and topped it all off with part-skim mozzarella. The result: a lasagne that's just as rich and cheesy as the original, but that weighs in at only 385 calories and 11.5 grams of fat.

VEGETABLE LASAGNE

Budget Recipe of the Month

Prep time: 1½ hours
Baking time: 45 to 50 minutes plus standing
Moderate, Low-fat, Low-calorie

Tomato Sauce
- *2 teaspoons olive oil*
- *2 teaspoons chopped garlic*
- *2 cans (28 oz. each) crushed tomatoes*
- *½ cup fresh basil leaves, chopped*
- *1 teaspoon fennel seed, chopped*
- *½ teaspoon red pepper flakes*

Cheese Filling
- *1 large container (32 oz.) 4% milkfat cottage cheese, drained*
- *½ cup finely grated Parmesan cheese*
- *¼ cup chopped fresh parsley*
- *½ teaspoon salt*
- *¼ teaspoon pepper*

2 teaspoons olive oil
1 cup chopped onion
½ pound sliced mushrooms
4 tablespoons chicken broth, divided
1 large bunch fresh spinach (1 lb.), trimmed and chopped, or 1 box (10 oz.) frozen chopped spinach, thawed and squeezed dry
12 lasagne noodles, cooked
1 cup shredded part-skim mozzarella cheese

1. *Make tomato sauce:* Heat oil in medium saucepan; add garlic and cook 30 seconds. Add remaining ingredients and bring to a boil. Reduce heat and simmer 15 minutes. *(Can be made ahead. Cool, transfer to airtight container and refrigerate up to 2 days. Reheat before serving.)* Makes 6 cups.

2. *Make cheese filling:* Process cottage cheese and Parmesan cheese in food processor until smooth. Transfer to bowl; stir in parsley, salt and pepper.

3. Heat oil in 12-inch skillet over medium heat. Add onion; cook, stirring, 5 minutes. Add mushrooms and cook until golden, adding 2 tablespoons chicken broth to prevent sticking. Transfer to a bowl.

4. Add spinach and remaining 2 tablespoons broth to same skillet. Cook, stirring, 4 to 5 minutes. Transfer spinach to colander and squeeze until excess liquid is removed. Add to mushrooms.

5. *To assemble:* Heat oven to 375° F. Pour 1 cup tomato sauce on bottom of 13x9-inch baking dish; top with 4 lasagne noodles (they may overlap slightly). Spread half of the cheese filling over noodles; top with half of the vegetables. Repeat layering two more times. Top with 1 cup tomato sauce and mozzarella. (Reserve remaining 2 cups sauce fo another use.) Lightly coat piece of foil with vegetable cooking spray; cover dish, coated side down, and bak 30 minutes. Uncover and bake 15 to 20 minutes more, until cheese is bubbl Let stand 15 minutes. Makes 8 servings.



Per serving: 385 calories, 11.5 g tota fat, 6 g saturated fat, 28 mg cholestero 1,031 mg sodium, 43 g carbohydrates, 28 g protein, 311 mg calcium, 4 g fiber

Recipe by Regina Ragone

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7	18	29	40	51	62	73	84	95	106	117
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orious ham is served with a able port wine sauce

Easter Ham

Impressive to look at, even better to eat—it's the centerpiece to your spring holiday feast

ham is simplicity itself to prepare and, at less than a dollar a pound, an incredible lue. What's hard is oosing the right ham at the arket. Our pick is a fully oked, wet-cured (instead dry-cured), hardwood-oked (as opposed to uid-smoked), bone-in m with natural juices. If you really want to ake a *perfect* ham, you ed to get creative with e seasonings. Our choice to rub the ham with nger and cinnamon, stud with cloves, and then aze it with port and armalade sauce. Heating ne depends on the size of the ham (roughly 15 minutes per pound), but this can vary, so check the label for cooking instructions.

PERFECT EASTER HAM
Test Kitchen Favorite

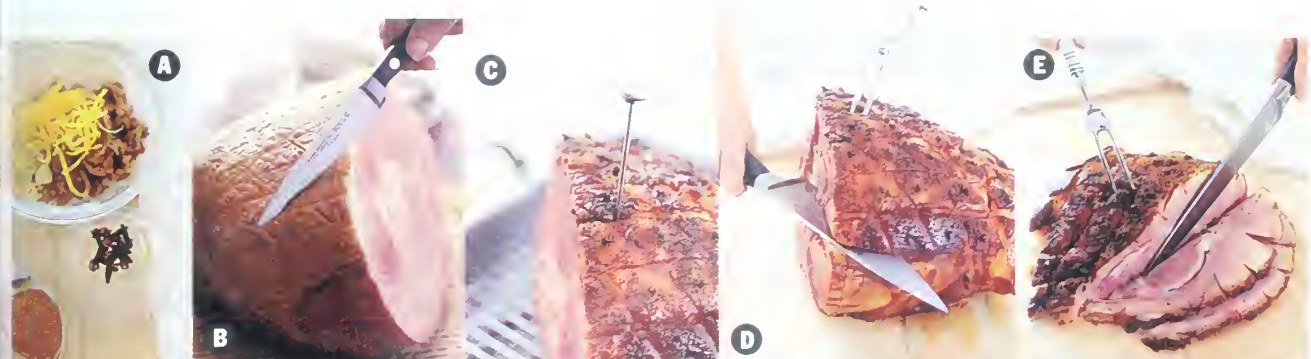
Prep time: 15 minutes plus standing
Baking time: 1 hour 50 minutes to 2 hours 35 minutes
Easy

¼ cup packed brown sugar
2 teaspoons grated orange peel
2 teaspoons grated lemon peel
¼ teaspoon ginger
½ teaspoon cinnamon
1 fully cooked (6 to 9 lbs.) bone-in smoked ham, shank portion
1 tablespoon whole cloves
½ cup port wine
¼ cup fresh orange juice
¼ cup fresh lemon juice
Glaze:
½ cup apricot preserves
2 tablespoons port wine
2 teaspoons chopped chives
Fresh fruits, for garnish

1. Heat oven to 300° F.
2. Combine brown sugar, orange and lemon peels, ginger and cinnamon in bowl (photo A).
3. Score top and sides of ham with knife in a crisscross pattern (photo B). Pat with spice mixture and stud with cloves.
4. Combine port and orange and lemon juices in a 13x9-inch roasting pan. Place ham, scored side up, in pan. Bake 30 minutes. Cover ham loosely with foil. Bake 1 hour 15 minutes to 2 hours more, basting every 30 minutes, until instant-read thermometer inserted in center of ham registers 135° F. (photo C).
5. *Make glaze:* Meanwhile, press preserves through a strainer into a cup (to equal ½ cup); stir in port. Uncover ham, brush with glaze. Bake 5 minutes. Let stand 15 minutes.
6. Skim fat from pan juices. Combine 1 cup juices and chives in bowl. (If there are more than 1 cup juices, return to roasting pan and bring to a boil over medium-high heat. Gently boil until liquid is reduced to 1 cup.)
7. *To serve:* Cut a few slices from thin side of ham to form level cutting surface. Transfer ham cut side down to a large cutting board. Holding ham steady with fork, cut along top of bone to cut off a boneless wedge of ham (photo D). Place ham wedge cut side down on carving board and slice (photo E). Transfer slices to a serving platter. Turn ham thin side up and repeat. Serve with sauce. Garnish with fruit, if desired. Makes 12 servings.

Per 3-oz. serving: 155 calories, 5 g total fat, 2 g saturated fat, 46 mg cholesterol, 1,072 mg sodium, 8 g carbohydrates, 18 g protein, 12 mg calcium, 0 g fiber

Recipe by Wendy Kalen



mbine ground spices and orange and lemon peels in bowl. (B) Score top of ham in a crisscross pattern with knife. (C) Test degree of ess with an instant-read thermometer. (D) Cut along top of bone to remove a boneless wedge of meat. (E) Cut meat into thin slices

Still searching for a mouth-watering Easter meal?

The secret's in the bag."



Ham with Peach Sauce

1 Reynolds Oven Bag, large size (14" x 20")
1/4 cup flour
2 cans (29 oz. each) sliced peaches in heavy syrup, drained
1 cup peach or apricot preserves
1 1/2 teaspoons ground cinnamon
6 to 8 pound boneless fully cooked ham
Whole cloves

PREHEAT *oven to 325°F.*
SHAKE *flour in Reynolds Oven Bag; place in 13x9x2-inch baking pan.*
ADD *peaches, peach preserves and cinnamon to oven bag. Squeeze oven bag to blend in flour. Arrange ingredients in an even layer in oven bag. Using a table knife, lightly score surface of ham in a diamond pattern; insert cloves. Place ham in oven bag.*
CLOSE *oven bag with nylon tie; cut six 1/2-inch slits in top.*
BAKE *1 1/4 to 1 3/4 hours or until meat thermometer reads 140°F. To serve, cut open oven bag and transfer ham to serving platter. Spoon sauce over ham.* ***Easy Clean Up.***
Makes 12 to 16 servings.

Reynolds Oven Bags

745-4000
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inside the journal kitchen



Spice up your dinner—and speed up prep—with the simple addition of a store-bought roasted-garlic teriyaki sauce. Roll the ground beef into lettuce leaves and top with shredded lettuce, carrots and bell pepper.

TERIYAKI BEEF AND LETTUCE WRAPS

Prep time: 15 minutes
Cooking time: 10 minutes
Easy, Low-calorie

1 head iceberg lettuce
2 large carrots, shredded
1 large green bell pepper, cut into thin strips
4 tablespoons rice wine vinegar, divided
1/4 teaspoon salt
1 pound lean ground bee
4 tablespoons Kikkoman Garlic Teriyaki Marina and Sauce, divided
1 to 2 red Thai chilies o 1 jalapeño chile, seed and minced
1 tablespoon water

1. Core lettuce. Carefu remove at least 8 whol leaves; set aside. Slice enough of remaining l to equal 1 cup. Toss s lettuce, carrots, pepper, 3 tables rice wine vinegar and salt in bo
2. Toss beef with 3 tablespoons roasted-garlic teriyaki sauce in medium bowl with fingertips. H large nonstick skillet over mediu high heat. Shape beef into 1/2-in pieces. Add half the pieces to sk Cook, turning, until browned o sides, 3 minutes; transfer to bo Repeat with remaining beef.
3. Return beef to skillet; add chi water, and remaining 1 tablespo vinegar and teriyaki sauce. Bring simmer; cover and cook 3 minut
4. Spoon beef and vegetable mix into lettuce leaves. Makes 4 servi

Per serving: 335 calories, 19 5 g total fat, 8 g fat, 78 mg cholesterol, 975 mg sodium, 15 g carbohydrates, 24 g protein, 84 mg calcium, 3 g

Recipe by Cynthia DePersio

JACKIE JOYNER-KERSEE

Continued from page 151

positive for a performance-enhancing drug. As speculation swirled over who might be next to fall, eyes turned to Jackie and Flo-Jo.

"Maybe they talked about it because we were women," Jackie says. "They figured there had to be a reason we'd done well, an Olympic miracle pill. We had nothing to do with Ben Johnson." Although neither woman ever tested positive for steroids, the damage had been done.

Flo-Jo retired from racing in 1989. Jackie believes the accusations played a part in it, but Al says she quit to start their family and pursue other goals. Jackie continued to compete, still feeling she might never be completely vindicated.

By 1996, when Jackie earned her sixth and final Olympic medal—a bronze in the long jump—she was thirty-four and feeling vulne Her asthma had worsened, sending her to the emergency and sometimes forcing her to breathing mask while running. gan to realize it was getting the of me," she says. "I was afra push the limit, and it was a scary feeling. I was afraid I mig on the track and die."

And then there was the l her postponed dreams. In ad to working on her autobiograp *Kind of Grace* (Warner B 1997), as well as forming her marketing and management co ny, Jackie had launched the Joyner-Kersee Youth Center Fo tion to help the children of Ea Louis, in keeping with her belie sports can boost a child's self-es

So last July, at the U.S. track and field meet near her h town, Jackie took an emotiona

ound the track as the stadiu
with cheers. Just days earlier
id won her fourth consecutiv
hlon at the Goodwill Game
n't want it to end," she tol
eporter, "but I knew the day
come. I have no regrets."

Jackie raced, Flo-Jo settled into
w life as a wife, mother and
sswoman. She designed a line of
clothing, took a handful of act-
es and, with Al, began her own
tion for disadvantaged kids.

April 1996, she was scheduled
ak at a seminar for Jackie's
ition in St. Louis. During the
there, Florence suddenly suf-
seizure and was rushed to the
l on arrival. But doctors found
g wrong, and Florence was
ome two days later. She later
Jackie an apology: "Thanks so
for coming to the hospital and
here. It meant so much, and it
cherished [eternally]. I will
t up, I promise . . . God bless.
Florence."

he two years that followed, all
d well. Then on the morning
tember 21, Al, who had been
in the living room, went into
droom. Mary was cuddled up
e her mother, who lay face
motionless. Al tried to wake
ce; when she didn't respond,
an to shout.

y jarred awake, her eyes wide,
father dialed 911.

sh She'd Come Back"

stood by her brother's side as
fe was laid to rest. "One thing
Florence Griffith Joyner that
erybody saw was that she gave
ditional love," Al said tearfully
crowd of fifteen hundred
ers. "She was my dream."

even in death, Florence
safe from controversy. Ru-
flew that she had suffered
a heart problem related to the
ds she had supposedly taken
earlier. From the pulpit at the
l, Bobby Kersee confronted
ssip head-on. "Mary, your
wants you to know that those
ing, poisonous lies can't hurt
her anymore." He said that she
"God is protecting her. God is her
coach now."

An autopsy finally ended the spe-
culation. Flo-Jo had suffered an
epileptic seizure in her sleep that
caused her to suffocate in her pillow.
Such deaths are extremely uncom-
mon in epilepsy patients. Medical
examiners discovered the probable
cause: a rare and previously undiag-
nosed abnormality of the blood ves-
sels in her brain. There was no
evidence of drugs in her body beyond
two over-the-counter medications.

"It was just a shame my wife had
to die to be vindicated," says Al. He
describes his toughest times as being
alone at home, the moments he longs
to smell her perfume. "My daughter
is what keeps me going," he adds.
"Florence never wanted to leave
Mary Ruth, but she was a Christian,
she was prepared to go [when her
time came]."

Jackie worries about her brother.
"They did so much together. I catch
myself wishing she'd come back. I
miss her," she says sadly. "This has
been really hard on Al, but he's a
strong man. Florence knew she mar-
ried a strong man."

As for Mary, a willowy child with
an impish grin, "She's doing better
than I am," says her father. As Mary
grows older, Jackie will be there to an-
swer the hard questions and offer the
reassurance she herself once needed.
"When my mother died, I felt God
was punishing me," she whispers. "I
don't ever want Mary to feel that way.
She really is a blessed child."

Jackie Joyner-Kersee is a woman
who believes in moving forward, and
she smiles at the thought of a future
in which she'll continue helping
young girls with athletic dreams—
and, she hopes, to realize her own
dream of becoming a mother. "If I
hadn't been so into athletics, I would
have started a family sooner," she
says. "Florence and Mama taught me
that I don't postpone what you really
want in life." •

Kathryn Casey is a contributing editor to Ladies' Home Journal.



Sometimes I think he married me for my rice and beans



Goya takes everyday meals and turns them into something special.

My Family's Black Beans and Rice

- 2 tbsp. Goya Olive Oil
- ½ cup onion, finely chopped
- ¼ cup green pepper, chopped
- 2 cloves garlic, minced
- 1 15.5 oz. can Goya Black Beans, undrained
- 1 tsp. oregano
- 1 packet Sazón Goya Without Annatto
- 1 tbsp. Goya White Cooking Wine or cider vinegar

1. Heat oil in a medium saucepan over medium heat.
2. Add onion, pepper and garlic; cook until tender, about 8-10 minutes.
3. Stir in remaining ingredients.
4. Bring to a boil.
5. Reduce heat and simmer 10 minutes.
6. Serve over hot Goya Extra Long Grain Rice.

© Goya Foods Inc. Serves 4



It's gotta be Goya.

I'm getting really bugged because I don't do interviews like this! I have very special little girls. They've got real strength and spirit of life. They understand and accept the terrible constraints they have. And they have to."

We spend the next few miles in uncomfortable silence. Then an explanation. "I have been killed and betrayed and sabotaged in this country. So everything I'm saying to you is coming from a very, very difficult place. Have you seen *The Horse Whisperer*?" she asks, referring to Robert Redford's drama about a horse that is maimed and traumatized after being hit by a truck. "I feel like the horse in *The Horse Whisperer*." As the car pulls into the driveway of her childhood home, the Duchess cuts off the interview, but offers an invitation to lunch at her home the next day.

Sunninghill Park, England: With a cow snoozing away in the front yard, Sunninghill Park, a modern-style Tudor, doesn't appear to be a hotbed of controversy, but it is. Much to the Palace's chagrin, the Duchess declined the Queen's offer of a $2.5 million Surrey mansion of her own, preferring instead to live under the same roof as her ex-husband, Prince Andrew. Although they have separate bedrooms, they do not necessarily have separate lives, she is quick to tell me. "We have breakfast, lunch and dinner together," the Duchess says. "We watch films together."

Wearing a gray sweatshirt over a dirndl skirt and running shoes, with her once-commanding mane caught back into a pipe cleaner of a ponytail, Ferguson looks like a different person than the day before. After a quick greeting, she runs upstairs to see how ten-year-old Beatrice, who vomited in the way home from the gym, is feeling.

She drank too much pool water, nine-year-old sister Eugenie tells me, a kid with a missing front tooth and leopard-print leggings, later confides to me as we take our places around the dining-room table. After a meal of baked chicken, potatoes and broccoli, Ferguson tells me to head upstairs to the nursery to continue our interview.

Crammed with toys, it's a cozy room that doubles as her office. Over a table, photographs of Diana and the Duchess's mother hang above a candle surrounded by dried roses, in what appears to be a makeshift shrine. Above the fireplace hangs a photo collage of Sarah and Andrew at their wedding, holding their newborns, and a posed shot of Andrew biting her shoulder. On the couch a small needlepoint pillow declares, *It Ain't Easy Being Queen.*

It ain't easy being her ex-daughter-in-law, either. My warm-up question, a general inquiry about life at Sunninghill, immediately strikes a nerve. Her blue eyes widen in disbelief. "I am *not* going to suddenly launch into why I live at Sunninghill. It's private!" she says. "Now I know why I got antagonistic in the car. *Why* should I share it? Did I ask you what you did with your boyfriend last night?" Then, within seconds, she offers me a suggestion. "I warned you that I am the horse in *The Horse Whisperer.* Let me come to the feeding bin slowly. If it is too frightening, I am just going to run."

So we talk about Weight Watchers. The Duchess says her stint as spokesperson, for which she gets a reported $1.7 million a year, has changed her life. The gig has helped her to eat away at her debt while gaining control over her diet for the first time in her life. "Other people might get their kicks smoking and drinking," says Ferguson, who is currently holding steady at size ten. "But in my case it's always been eating and spending. With control of my weight came the control of many other issues."

Weight Watchers is also indirectly responsible for her latest book, which will be published by Simon & Schuster later this year. "I wanted to write about Act II, which is how did Fergie [the Pleaser] go, and Sarah [her true self] come?" says Ferguson. "This book is about how I can understand the dark side."

Ferguson has been exploring the dark side in weekly phone sessions with Kit, a Los Angeles–based bereavement counselor. "He teaches me to practice speaking my own truth," she explains. "The new Sarah is just beginning to express herself, but the words are harsh. I'm so used to being the Pleaser, who never said no to anything because I was so frightened of rejection."

Ferguson is the first to admit that she vacillates between bright and dark, between strength and vulnerability. "Like yesterday. I'm sorry that I was tough on you, but I was getting frightened and out of control and I do not have enough energy to give to you and everybody else," she says. "I used to just put up with it and then I'd get in more of a muddle or I would eat because I was not being true to Sarah."

But all the hard work is not selfish for Sarah. She wants her children to have the happy childhood she never had. The more in touch Ferguson is with herself, she says, the better mother she has become. "If my children come to me and say, 'Mummy, there is a dragon under my bed,' instead of saying 'That's ridiculous,' I say, 'Let's talk about this and maybe you'll feel better,' which Mum did do for me. If I ever went to her and said, 'Mum, I've got real problems in my marriage,' she would say, 'Let me tell you a story about *me*.' So I have broken a pattern, which I am so excited about."

Ferguson's new self-awareness also enables her unorthodox living arrangement. "Most people cannot understand how a divorced couple can live in harmony. The reason it is so exciting is because when we are together we talk about very un-British issues," she chirps. "He is *fantastically* supportive of my growth and I am *fantastically* supportive of his growth, and that is the secret as to why Sunninghill is a good place for children and we are happy together!"

While the Duchess *(continued)*



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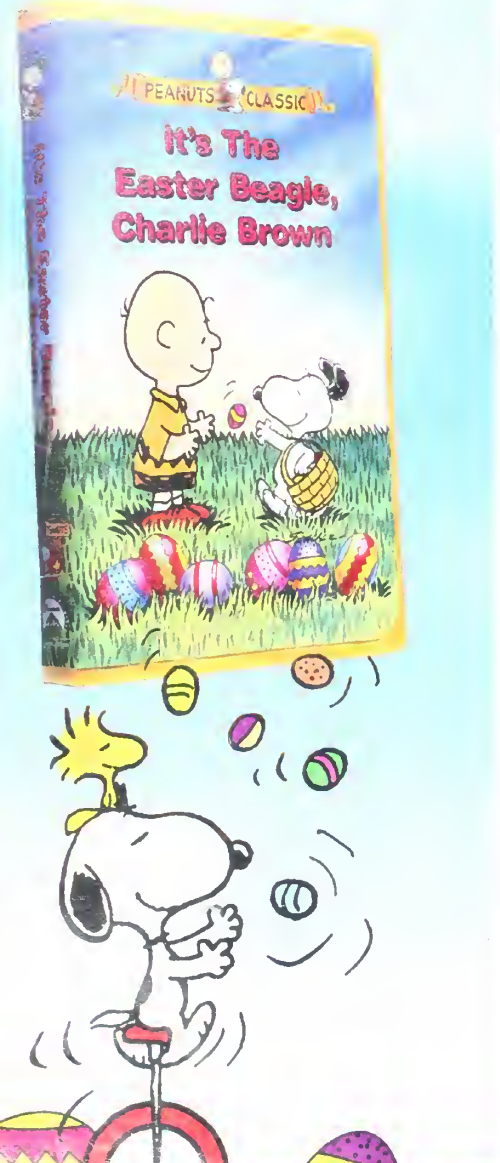
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adores her ex-husband, she is glad to be divorced from Buckingham Palace. "It's like *The Firm*," she says, referring to the John Grisham book. "Historically, many of the women who left the royal family have been beheaded. But I've still got mine."

These days the Duchess is trying to *use* her head, and the press has taken notice. "She has grown up a great deal; she doesn't do some of the stupid things that she did some time ago," says *The Sun*'s Charles Rae. "For example, that toe-sucking fiasco in the South of France. Slowly the press is seeing her in a different light because *she's* changed. She's been doing everything right."

These changes include being skeptical of the press's current sympathy. "I went from being the Golden Girl to the failing Duchess of York overnight, so I won't be lulled into a false sense of security," she says. "Every single thing written about me hits a very deep, sensitive part of me, whether it be good or bad," she says. "I mind it desperately."

Ferguson recently ended her romance with forty-nine-year-old Count Gaddo della Gherardesca, who lives in Milan and is separated from his wife. She tried to keep their relationship—and their breakup—out of the public eye. "He is a pillar of strength, and I am grateful that he is my friend," she says carefully, looking like she'd like to tell me more, but won't.

Even her decision to decline Birch Hall, the seven-bedroom mansion only ten minutes away, is more practical than it might seem. "I couldn't afford it, actually," says Ferguson, whose divorce settlement was £300,000 ($495,000), compared with Diana's £17 million, because it was based on Andrew's naval salary instead of his station as the Queen's second son. "Before I would have gone, gung ho, bang, bang, I'll deal with the bills later, but now I think ahead," she says. "Debt comes from out-of-control behavior, just like being overweight."

Debt is fast becoming a thing of the past. Ferguson has paid b[illegible] most all of what she owes, wi[th] exception of her $2.7 million t[o] This is no small feat considerin[g] she recently absorbed her m[o] $1.5 million debt. In addition [to] dorsing products in America, a[nd] ing paid interviews with [the] magazine, she launched her ow[n] show on British TV. "I told S[ir] that I would like to be the Op[rah] England," she says. "If W[ho] Watchers doesn't carry on, I w[ill] have a career that I can fall back

Ferguson looks forward to t[he] ture she is creating for herse[lf] cluding her fortieth birthd[ay] October. "I'm going into the [fu] with an awareness that would[n't] been useful to me in my thirti[es], *me tell you*!" she says, laughing. [What] did she learn? "Humility comes [from] understanding that the obstac[les] front of you are not going [to] away. For so long I thought if [I] disappear, I'll be fine. If I [put] weight, then people will like [me] Now I understand that the obs[tacles] in life are there, period. I just ha[ve to] learn how to climb them," she [says]. "If I have one wish for my daug[hters] it's that they grow up aware of t[heir] selves, so they don't have t[o go] through all of this agony," she [says]. "But I also want them to hav[e the] magic of childhood."

In fact, ensuring that her da[ugh]ters enjoy being children may [have] enabled the Duchess to mak[e up] for her own lost time. "I saw *Ali*[ce] five times," she says. "I love [the] particular bit when the Emp[eror] says to the soldier, 'The flower [that] blooms in adversity is the most [rare] and beautiful of all.' On my co[at of] arms it says *Ex Adversitas Feli*[citas] which means 'Out of adve[rsity] comes happiness.' In 1986, I d[idn't] realize that I would have tw[o] years of adversity." And with [that,] Ferguson places the royal c[up] teacup upon its saucer. Wheth[er it] is half full or half empty, only [time] can say. ●

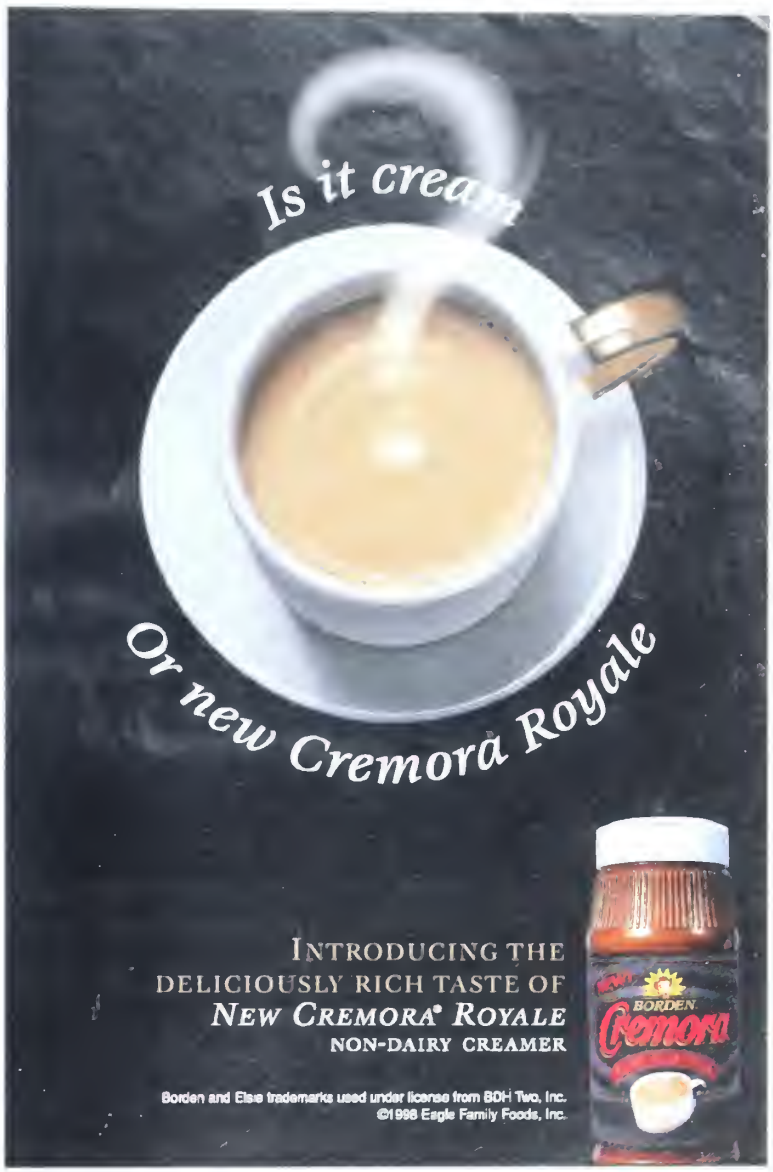
Melina Gerosa is the entertainment editor of Ladies' Home Journal.

ES IN DANGER?

ued from page 106

was a grueling battle as she tried t her two-year-old to bed. Their minister suggested that Ross and usband say they try Ezzo's "couch " method. He thought their hter might be feeling insecure t her par- relationship that was ng her to have. The es say they skeptical, ave it a try. ter a few s, the child n going to willingly. saw we a relation- outside of says Ross. e contends she doesn't rstand all fuss about s methods. parents d me in a ir way and had never d of Gary " Ross says. program is opular, she , "because rks."

r his part, believes of his crit- e threatened is alternative on parent- 'I'm like the who stum- onto the nugget and gs it in, and then everyone tries ove it [isn't gold]," he says.



igh Price to Pay

some Christian groups have also d concern with Ezzo's methods. e Community Church, the con- ation in California where Ezzo takes issue with Ezzo's methods. Paul Hetrick, vice president of media and public relations, said that while his organization finds merit in some of Ezzo's advice, it finds other parts "too rigid. The very title, *Growing Kids God's Way*, has an unnecessarily exclusive sound about it, as if there

launched the ministry [previously known as New Directions for Families]. In 1995 statements were changed and [the] Bible [was] stressed. Biblical references [were] further [to] prevent misinterpretation.

Dobson, the Family Research Council, Colorado-based conservative Christian group more than two million strong, also

safe and correct and godly way to raise children," Hetrick wrote in a statement to the *Times*.

Even some once-devoted believers are now questioning Ezzo's advice. Connie Hunt, 37, of Fredericksburg, Virginia, and her husband first used Ezzo's program in 1992 to help with their oldest son. Then nine [illegible]. But it wasn't until their third child was born that things began to fall apart. When the infant was eight weeks old, Hunt tried to get him to sleep through the night, as the program instructed. For three nights the baby screamed from one A.M. to four A.M.

Finally, on the third night, Hunt couldn't take it any longer. "I scooped him up in my arms and begged his forgiveness," she says. "That was the turning point. I began to notice the emotional distance [the program] was creating with my other children." Yes, her kids were obedient, but it also seemed she was spanking them too often.

Today, Hunt relies on her own instincts as a mother. "I do have regrets," she admits. "I regret not allowing them the wiggle room to grow as children. I have no doubt the program works. But I wasn't willing to pay the price Gary Ezzo demands. And that price was my relationship with my children." •

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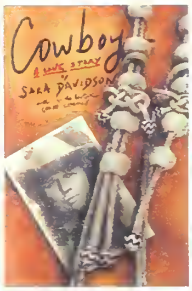


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SKY BLUE-PINK

Those words and their meaning forever changed the way I look at life. By Mickey Clement



"What would you call that color, Mom?" my daughter Nell asked, as we drove west on the Long Island Expressway into the setting sun. Before us, framing the skyscrapers of Manhattan, was a golden skyline filled with vibrant blues and pinks and softer hues of violet, rose and lavender.

"I've always called it sky blue-pink," I answered.

"Is that a real word?" Nell asked, confident that I, who work with words for a living, would know.

"It is to me."

I first heard that term at the eighth-grade graduation assembly rehearsal in the little country town where I grew up. After we'd perfected our marching and our choral rendition of *You'll Never Walk Alone*, it was time to talk about behavior and attire for graduation day. Our principal, Mr. Fred E. Gardner, took the microphone.

We children both respected and feared Mr. Gardner. At six four, he towered above everyone else, and even the big, wild farm kids gave him a wide berth. We knew that if you were disrespectful to a teacher or cheated on a test, you could expect an invitation to Mr. Gardner's office.

But we also liked him, because we knew he was for kids. When a boy appeared in school one morning covered with bruises, it was Mr. Gardner who knocked on the parents' door before the police or welfare agency did. Those parents soon understood there would be no more beatings of any child who attended his school.

"Tomorrow you will graduate," he began. "I want you to have good memories of your years here, and I want you to look good. In accordance with our tradition, the boys will wear white sport coats, and the girls will wear white dresses."

This wasn't really news to us, for we had all been preparing our ensembles for days. Still, someone just had to ask the question, and it was Sharon who took the chance. "Mr. Gardner," she said, "what if your dress has little pink buttons on it?"

"Sharon," our principal asked sternly, "is your dress white?" She nodded. "Well, then," he said, "I don't care if the buttons are sky blue-pink."

One of the tough boys in the back of the auditorium raised his hand. "What is 'sky blue-pink,' anyway? I never seen it in my crayon box." A few girls dared to snicker.

For a moment, we all thought Mr. Gardner might tear off the stage, snatch the troublemaker right out of his seat and hurl him from the building. Instead, he paused.

"That's a good question, son," Mr. Gardner said, ignoring the bad grammar. "Some afternoon, you will look at the sky, just before sunset, and you will see a color you will never find in a crayon box—pinks and blues swirling together in a riot of color so beautiful it may take your breath away. I call that color sky blue-pink."

As I watched him walk down the steps and leave the auditorium, I realized that this man we all feared had another side, a gentler soul that loved beauty. In retrospect, I believe that was my first truly adult thought. On that hot June afternoon, I realized something about the complexities of human nature.

Forty years later, looking at the western sky and remembering Mr. Gardner, I repeated his description to Nell. "Sky blue-pink," I said. "I call that color sky blue-pink." ●

Mickey Clement is the author of "The Irish Princess" (Berkley Publishing Group, 1995).

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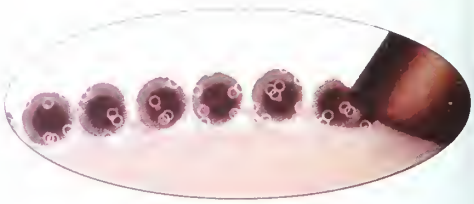
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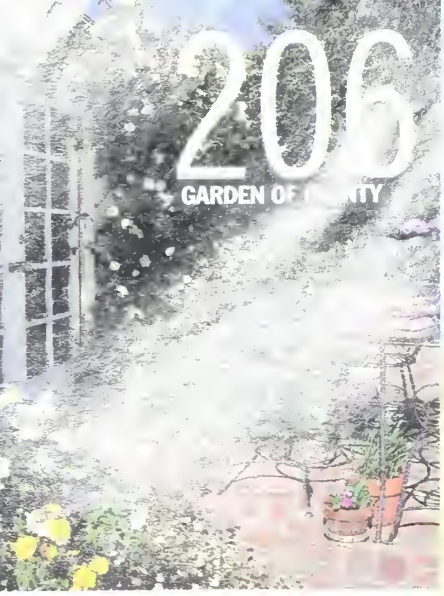
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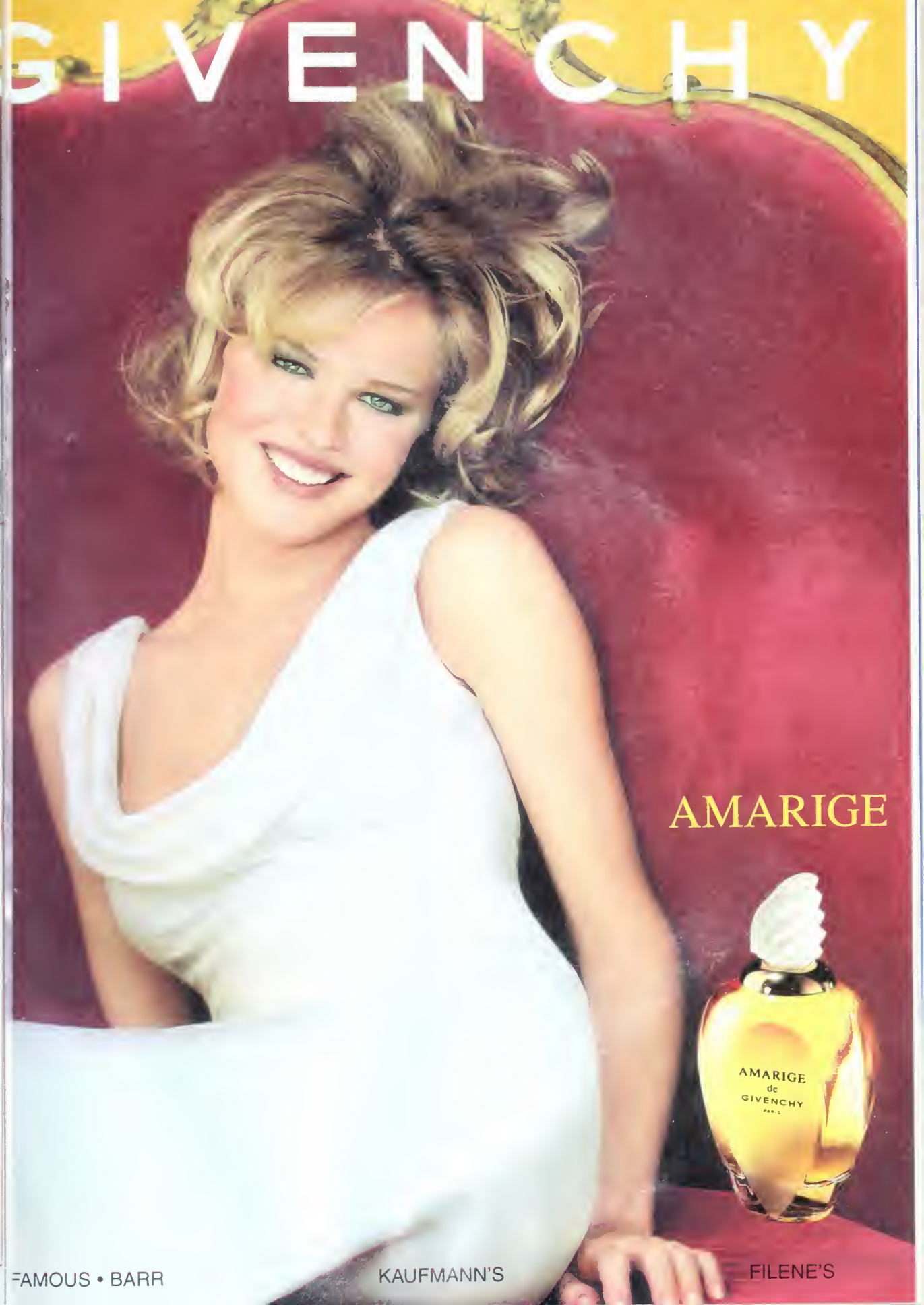
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WHAT MY MOTHER TAUGHT ME



In order to write this Mother's Day column, I asked the LHJ staff to share with me what they considered the most important things that their mothers had taught them. I read their comments on a plane, going to visit my own mother, who was ill. I found their thoughts very touching, and I think you will, too.

THE GRAMMAR OF LOVE My mom taught me how to diagram sentences. These were horrific assignments for other kids, but not for me. She wrote pages of whimsical sentences about my adventures for me to diagram, and I sat at the kitchen table with her, plotting out the sentences and giggling over the stories. She showed me the beauty of words. —Sarah Smith

WE ARE FAMILY Growing up, hearing my mother and her sisters laughing and gossiping over tea at the kitchen table, or seeing them drop everything to help each other with problems both big and small, taught me and my sister not only how to be good siblings but best friends. —Carolyn Noyes

A HELPING HAND My mother has taught me many things, from how to tie my shoes to how to make a Yankee pot roast like nobody's business. But the most important lessons have to do with selflessness, and she teaches that by example. She's never too busy to help me out. If I invite her over, she says, "Great, I'll bring the floor buffer!" If I ask her to baby-sit, she actually thanks me for thinking of her. —Margot Gilman

PASS THE FROG She was a biology professor when I was a kid and conducted scientific experiments in the kitchen. I was her "practice class," and we did dissections on the front porch. When I was in college she went back to get a second master's degree, this time in nutrition, and then set out to build a successful private practice. Her accomplishments have definitely been an inspiration. —Elena Rover

FIRE & ICE She taught me about lipstick! From as far back as I remember, there she would be—in the bathroom, in the car (maybe even while driving!)—with compact in hand, applying. She didn't even need a mirror; she was a pro. Her rationale is that you never know who you will run into. She has instilled this in me: Lipstick is the one cosmetic I am never without. And, yes, I too have become a pro. —Janeen Bellafiore

TO BE STRONG After my parents got divorced, my mom went to work full-time, raising me, then age six, and my brother, age two, essentially on her own. At that time in the late sixties very few of my friends had working mothers, and certainly none of them had single working mothers. Today whenever I feel times are tough, I think about what she did and realize I can do—or get through—almost anything, thanks to her example. —Pamela O'Brien

And what did my mother teach me? To be realistic, to be energetic and to always concentrate fully on the task at hand. It helps you feel better, even when you are upset and worried on your way to the hospital to visit your very frail mother.

MYRNA BLYTH, Editor-in-Chief

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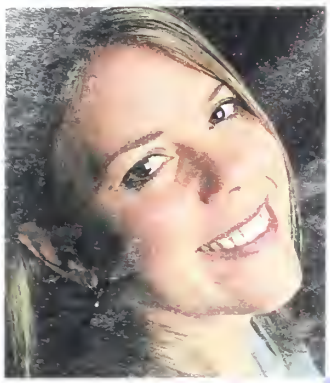
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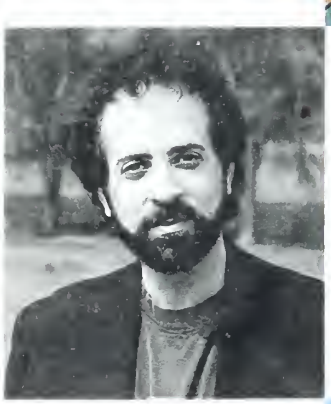
Laura Fraser

While writing "Worried Sick" (page 136), Fraser learned that anxiety disorders are far more common than she thought. "And yet, people think they're the only ones in the world with these feelings," she says. Fraser is the author of *Losing It* (Dutton, 1998), about the diet industry.

Cammie McGovern

A California flood washed away photos she'd saved of old boyfriends, inspiring Cammie McGovern to write "Good-bye, Peter Hill" (page 246), an essay on the difference between husbands and past loves. The sister of actress Elizabeth McGovern, Cammie now lives in New England.





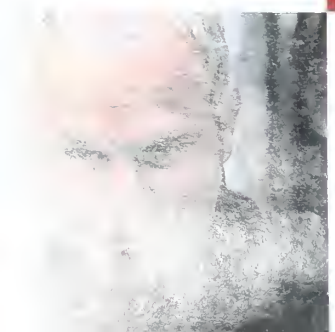
Michael J. Weiss

"As a parent, I've always trusted the schools to provide suitable substitute teachers," says Weiss, "but no more." In his special report, "The Substitute Teachers from Hell" (page 148), the award-winning journalist investigates lax standards that allow dangerous substitutes into classrooms.

Cynthia Hanson

When reporter Hanson met Matt Rudes, the young man with neonatal Marfan syndrome she interviewed for "The Magic Boy" (page 166), their mutual love of writing was an instant bond. "He's a gifted writer and an inspiring person," says Hanson, a contributing editor at *Chicago* magazine.





Andrew Parsons

Keeping it real was the agenda at the shoot for the bonus section, "Experts' Guide to Summer Beauty" (page 43), says this New York photographer. "I prefer taking photographs that capture moments, rather than expected poses," Parsons says.

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KATE'S STORY

"I WANT ANOTHER BABY—AND HE DOESN'T"



Infertility had already strained Kate and Jerry's marriage. Could they bear to go through the heartache again?

By Margery D. Rosen

I can't believe Jerry doesn't want any more children!" exclaimed Kate Stevens, the mother of a fifteen-month-old girl. "We've been arguing about this for months. He'll agree that he loves having lots of brothers and sisters himself, and that he doesn't want Zoe to be an only child, so what's the problem?

"The fact that Jerry and I went through such an ordeal to have our first baby hasn't deterred me for a second. But he acts as if I've hit him with the most unexpected, cataclysmic news when I bring up the subject. One Saturday morning a few months ago, we were playing with Zoe when I casually mentioned trying to get pregnant again. Jerry threw a Teletubby doll against the wall and stormed out to go running—again.

"It's a great excuse, isn't it? Jerry's a medal-winning marathon runner who uses sports to avoid problems he doesn't want to deal with. If a friend suggests a game of tennis, he thinks nothing of leaving me alone with Zoe for hours. Yet even though Jerry does so little to help me, I still want another child.

"The saddest part is that now that I crave a family with siblings who love each other, I might never have one. I grew up in Alabama, the middle kid of five, but I never got along with any of my brothers and sisters. I stayed in Colorado, after attending college here, because it was the only way to break away from the tension at home.

"Dad, who was heavily involved in [illegible] successful sales represen[illegible] for months at a time, leaving Mother to raise us. Only later did I learn that he also had affairs. When he was home, the two of them barely uttered a word to each other except to fight. Dad eventually moved in with his longtime lover, but he never divorced Mother.

"I met Jerry eight years ago in the produce section of the grocery store—sounds like a Tom Hanks–Meg Ryan movie, doesn't it? We talked, and then he followed me down every aisle, saying such adorable things. Jerry was so much fun to be with; he lifted my spirits every day. A little over a year after we met, we were married.

"Ironically, Jerry used to be the one who always talked about kids. I was satisfied with the way things were. Both of us enjoyed our careers—Jerry works in his family's retail store, and I'm a physical therapist—and between us, we had a large circle of friends. Our life seemed complete.

"But around our second anniversary, I became consumed *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple who can't agree on whether to expand their family, is based on interviews and information from the files of Lynn Heitler, L.C.S.W., a marriage and family therapist in Denver, Colorado. The story told here is true, although the names and other details have been changed to conceal identities.

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desire to have a baby. After two years of trying, we consulted a prominent fertility specialist. We used artificial insemination, the least expensive and invasive method, for six months; then the doctor suggested in vitro fertilization.

"Fortunately, the in vitro worked the first time. But though I adore being a mother, I didn't realize how much I needed Jerry to help me with Zoe. We'd agreed I'd stop working for a few years and take on most of the parenting duties, but the balance has become unfairly lopsided. Jerry's always out running; I'm left to do everything, and I resent it.

"We aren't shy about saying what's bothering us. But we can get completely stuck trying to solve a problem. I never feel I can have a real conversation with Jerry; he's so quick to cut me off. And why is it okay for him to yell at me, but when I raise my voice, he calls me a nagging wife?

"Yet despite the fact that things are so tense between us, I still want to try for another baby right now. I'm not getting any younger, and who knows how long it will take this time? But Jerry won't consider it.

"I feel deep down that we'll work things out—I just don't know how to get to that place."

JERRY'S TURN

I can't understand why Kate wants to put herself—and us—through such agony all over again," said Jerry, thirty-six, sighing as he sank heavily into the couch. "We have a perfect life. We have a healthy, beautiful child. For the first time in years, we're both happy. Why screw it up?

"I love being a father and, despite what my wife says, I think I'm a good one. But I honestly don't know if I'll do as good a job if we have two kids. Obviously, I won't have as much time to spend with a second child. Maybe I won't be able to forge as strong a bond as I have with Zoe.

"But Kate's changing the rules in the middle of the game. I thought we had an understanding that if we had one baby, we wouldn't tempt fate again. I know the fertility treatments were hard on her—hell, I felt like a scientific experiment, too—but I tried my best to be sympathetic. Kate was very difficult to live with then: moody and mean, crying for hours on end. I didn't know what to say or how to help her. Then after a while, I lost patience with her self-pity. In my family, we weren't brought up to brood like that.

"I'm smack in the middle of seven kids, and we were all pretty independent. It was pure chaos, but the energy was great. My mother ran the house and family efficiently, though I sensed she was lonely.

"I love our life now, and I lov our daughter. But Kate knows I'v never been the kind of guy who sit home every weekend. Running ha always meant hours of uninterrupt ed bliss for me. I'm not going ou to bars, I'm not chasing othe women; I'm doing something fo my peace of mind.

"It would be nice if Kate coul understand that, instead of laying a guilt trip on me. I'll ask her on Fri day if it's okay for me to run or Sunday. She'll say yes, but two days later she acts like a martyr, claiming I'm doing nothing for her or Zoe That's just not true. And I resent being attacked if I happen to leave the peanut butter out or don't empty the dishwasher the right way.

"Look, I love Kate. I want this marriage to work as much as she does. But I hate feeling like I'm being boxed into a corner. We're fighting the same fight day after day. Why can't we figure a way out?"

> "I thought we had an understanding that if we had one baby, we wouldn't tempt fate again," said Jerry

"I really admire my dad; he started with nothing and built a large, successful company on sheer willpower and hard work. I do wish he'd been home more, but he was a great father. Dad was a terrific athlete himself, and he pushed us all to be the best. His encouragement led me to join the cross-country team in high school and college.

"Kate says I yell too much. Well, at home, that was just the way we talked. My friends are always amazed at how my siblings and I can scream at each other and then go to lunch, everything forgotten. Still, we never call each other the nasty names Kate calls me now.

"It's hard to believe this is the same person I fell in love with in the supermarket. Even in dirty sweatpants, Kate was the most gorgeous woman I'd ever seen. I kept loading my cart with stuff I didn't need, just to have an excuse to talk with her.

THE COUNSELOR'S TURN

Intelligent, caring and well-meaning, Kate and Jerry finally had what they'd always wanted, yet they couldn't understand why the relationship wasn't working," said the counselor. "However, before they could ever resolve an issue as volatile as whether to have another child, or to go through the stress of trying to conceive, they needed to learn how to communicate.

"While Kate and Jerry prided themselves on being good at expressing their feelings, they were confusing speaking their minds—loudly and critically—with carrying on real, connected conversation. Both assumed that their partner would somehow intuitively know *(continued)*

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what they needed and expected. As a result, they were resentful, felt wrongly blamed, and harbored many misconceptions about each other.

"What's more, Kate and Jerry needed to renegotiate their marital contract. Whether they're aware of it or not, all couples make an unspoken agreement with each other when they marry. It includes everything from who does what around the house to who makes financial decisions to how often they have sex. As circumstances change and needs shift, the contract must be reevaluated, or else conflicts result.

"Until Zoe came along, Kate and Jerry's needs and responsibilities had been fairly well balanced. Now everything had changed, and Kate needed Jerry to take a larger role in housework and parenting. Unfortunately, instead of spelling out what she needed, Kate harangued him, which made him avoid her—which only made her more furious.

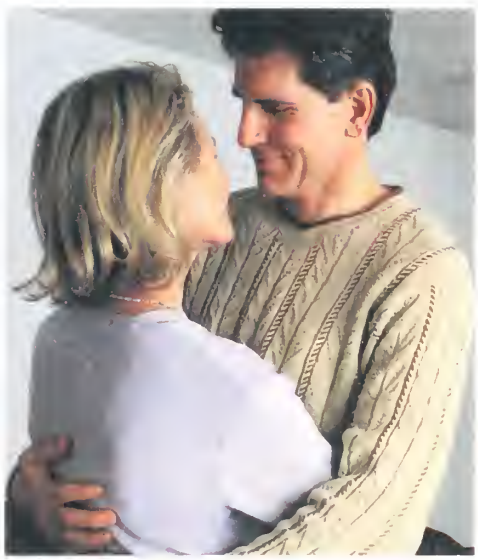
"I insisted that they follow some basic rules of communication right off the bat. Kate had to tame her harsh words and ask Jerry for precisely what she wanted from him. Jerry promised to try harder to help Kate around the house, and to listen to her when she expressed her feelings.

"It was also essential to pinpoint which fears were keeping both of them so stuck in their viewpoints. I suspected that the key lay in their families. Although both came from large households, their childhood experiences created very different needs in their own marriage.

"Kate looked to her husband and daughter as a chance to rewrite the script and do it right, with the loving siblings and attentive parents she'd never had. Yet at the same time, she felt physically and emotionally abandoned by Jerry—powerful feelings that reminded her of the times her father was away from home. Naturally, Kate felt confused and ambivalent.

"By contrast, Jerry described a Norman Rockwell childhood. I suspected, however, that this was an idealization that protected him from the pain of his real memories. Jerry's efficient mother was actually an unhappy woman who did so much for her family that she lost herself in the process. His 'great' father was mostly absent and emotionally neglectful, pushing his sons to be competitive and never satisfied even with their best efforts.

"Jerry used his running and other sports to escape from the chaos and find solace. I believe he was also unconsciously thinking, 'My dad gave his life to the company, and I'll be damned if I'm going to.' Most of all, Jerry despaired that trying for another child would mean watching Kate once again sink into deep unhappiness—a depression that mirrored his mother's and made him feel terribly inadequate since he couldn't lighten it.



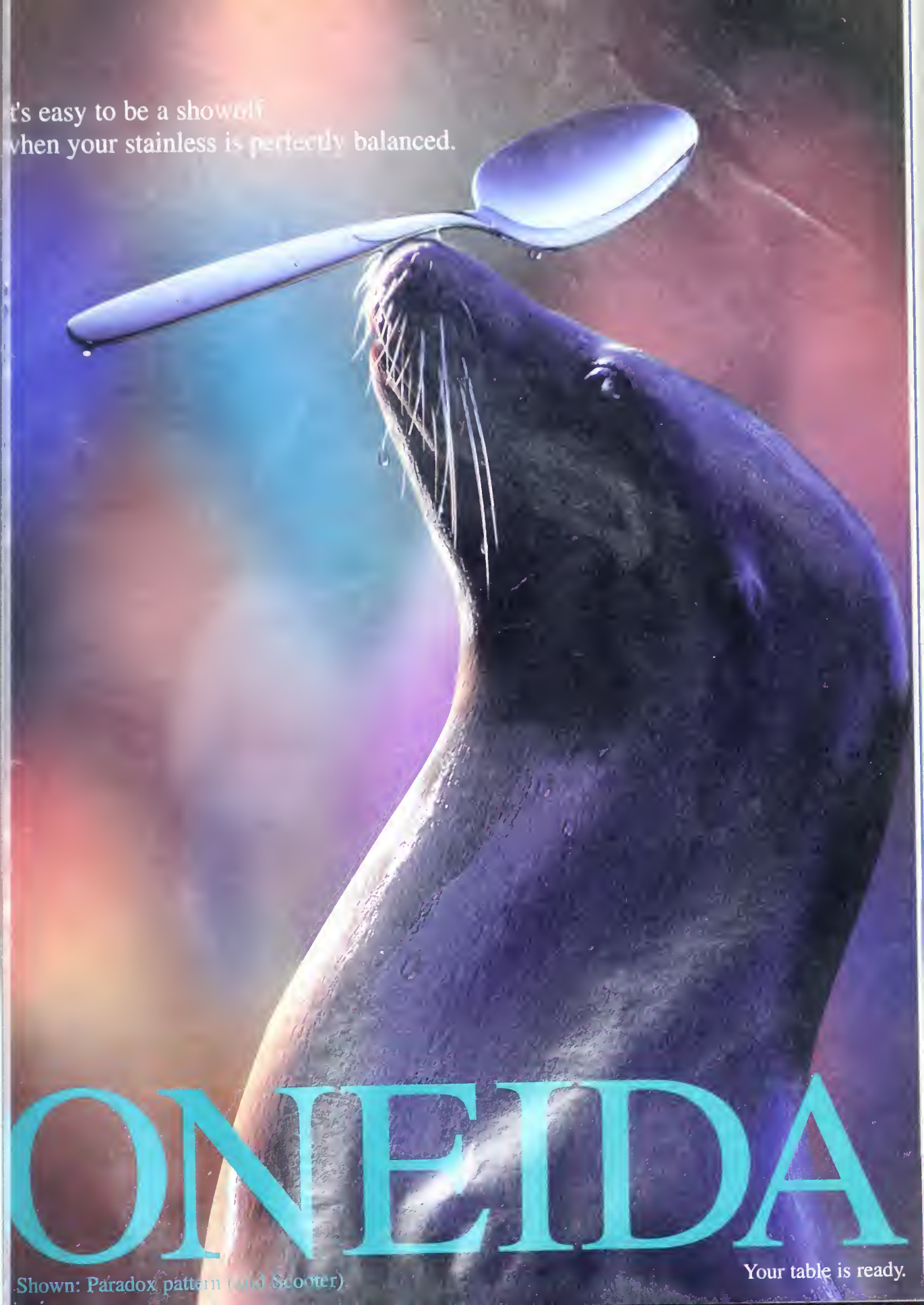
After counseling Kate and Jerry decided to try in vitro just one more time

"Jerry and Kate were entrenched in their positions, but as they discussed their childhoods, they gained insight and trust. This allowed them to be more flexible and open to each other's feelings and views. They made quick progress. Jerry began to feel better about his marriage, and he found that he naturally wanted to spend more time with his wife and daughter. He still runs, but he doesn't train as intensely, and except for the occasional tennis match, he uses his weekends for family activities. Jerry still isn't perfect about picking up after himself, but Kate now finds it easier to let minor complaints slide.

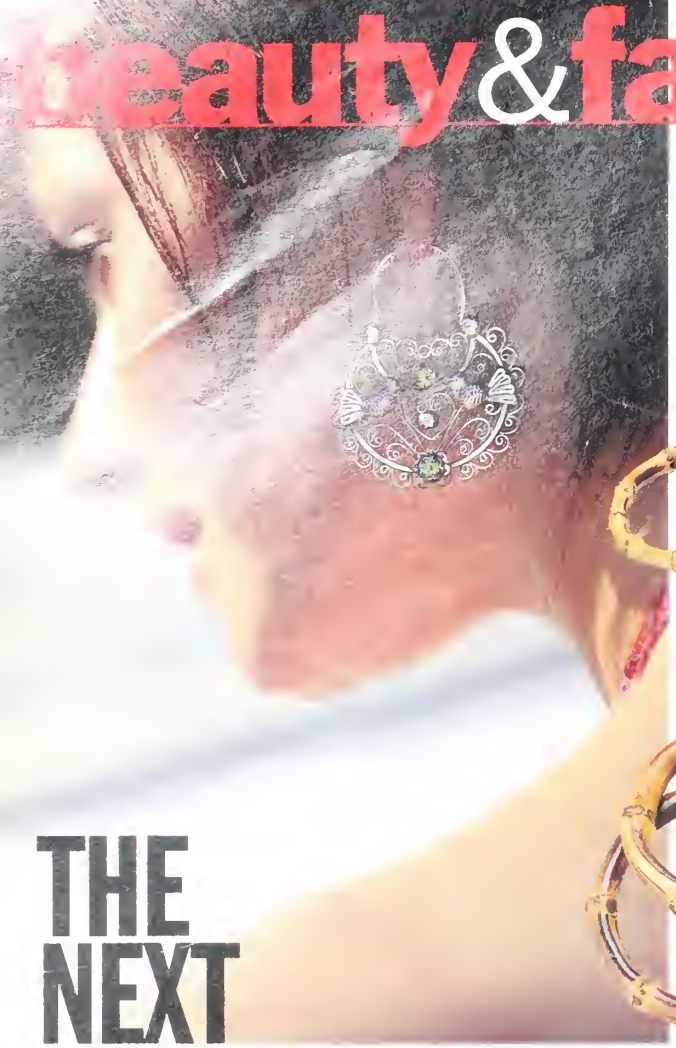
"Once they dealt with these underlying problems, Kate and Jerry were ready to resolve the issue of having another child. Jerry realized he did, in fact, want a larger family, but since he was especially fearful of spending endless months in anxiety and heartache, I suggested that they agree in advance on how to proceed before going ahead. How many times would they try? And at what point would they be willing to stop? After much discussion, Kate and Jerry decided that she would go through in vitro just one more time. 'If it doesn't work, I'll be disappointed, but I won't push to try again,' she assured him.

"As for Jerry's concern that he wouldn't have enough time or love to give to a new baby, I told him not to assume that he was fated to become like his parents, or that he and Kate would fall back into their old patterns. 'Certainly, having two children means more planning and organization,' I said. 'But you're different from the people you were two years ago. Besides, the learning curve with a second child is much shorter than with a first one.'

"I saw them weekly for three months. A few weeks after our last session, they called me: 'I'm pregnant again!' Kate exulted. Jerry added, 'I can handle it. In fact, I'm thrilled!'" •


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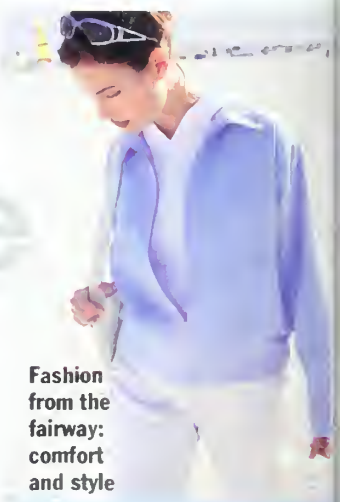
THE NEXT BIG THING?

First, women fell in love with retinols, then AHAs and BHAs for their skin-smoothing effects. Now an ingredient in skin-care products, called Q10, is vying for our affection. Q10, a coenzyme found in nearly every cell in the body as well as in foods like fish, vegetables and eggs, has been used by doctors to rejuvenate cells in the treatment of heart disease. Skin-care companies are using Q10 in their face and eye creams to fight wrinkles by replenishing cells rather than exfoliating the skin's surface, which can be irritating.

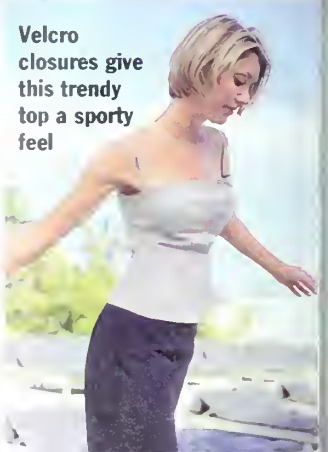


she's got game

Probably no one ever said, "I like your outfit, Dad" as he left for a Saturday morning round of golf wearing purple plaid pants with his green cardigan. But today clothing designers are looking to the links and other sports sites for high-style inspiration. Brands such as Liz Claiborne, Express, Target and Nicole Miller are turning out clothes in comfortable athletic-wear fabrics like Gore-Tex and Cool Max that can take you to work or out on the town. Also seen on the scene: made-for-the-gym details like Velcro closures instead of buttons on elegant skin-baring tops and slim tennis- and golf-inspired wrap skirts. Suddenly chic, too, are fitted fishing vests with zippered patch pockets.



Fashion from the fairway: comfort and style



Velcro closures give this trendy top a sporty feel

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gives you **sensational color** with a Retinol Color Complex, infusing dull hair — **even those resistant grays** — with new life, new vibrancy, new shine. And only Revitalique has a **Daily Protectant Spray** to keep colored hair stronger, longer.

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MAKING A SPLASH

Washing up with a bar of soap is fast becoming a faded memory with the many facial cleansing formulas to choose from. On the go? Get a two-for-one with towelettes that act as both makeup remover and cleanser. Sensitive skin? Go for a liquid or foam cleanser—the air-infused pump requires fewer detergents to foam up, making it ultra gentle. For skin on the dry side, a non-foaming cream rehydrates best.



quick hits

Having a bad-hair moment? Here's how to revive your locks when time's not on your side

	HOW THEY WORK	USAGE TIP	TRY
QUICK-DRY SHAMPOOS	Fast-acting proteins and fruit acids minimize water absorption, decreasing drying time	Apply at scalp and lather all over to rid hair of excess sebum and dirt	Redken Active Express Flash Wash and J.F. Lazartigue Rapid Drying Shampoo
HAIR FRESHENERS	These products neutralize environmental odors like smoke without adding fragrance	No time to shower? Lightly spritz dry hair on sides and at scalp to refresh	Bath & Body Works Freshen-Up Spray, L'Oréal Studio Line Senses and Chanel Allure Hair Mist
HUMIDITY-RESISTANT HAIRSPRAY	A fast spritz on your way out the door will create a moisture barrier so hair won't frizz from the humidity	Be sure the bottle is at least six inches away from your head before spraying	Aveda Pure-Fume Brilliant Hair Spray and Matrix Amplify Hair Spray

CROP SHOP



You can keep your cool all summer long without baring all, and you can do it with a big dose of style. Cropped pants are *the* look now, but how far up should you go? 1. This length flatters thin or shapely lower legs; skip if you have muscular calves or thick ankles. (Lerner New York, $26.50) 2. Light tailored styling and a flared leg are perfect for fuller calves and thighs. (Bebe, $128) 3. Best choice for balancing a fuller top and thinner below-the-knee proportions. Look for a straight but not clingy leg. (United Colors of Benetton, $54) 4. For heavy legs or a tummy bulge, a full-cut leg and sleek no-pocket/no-waistband sailor flap design gives you extra fabric where you need it, along with a bit of camouflage. (Rebecca Taylor, $196)

stretch

your *limits.*

Be a little freer, soar a little higher with Flexi-Wings™ from Always. They're made to follow the way your body moves and flex with you for side protection no stretch pad can rise above. And that means you can go beyond—the sky's the limit because we'll be with you all the way.

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& Correct

The first complete age defying system, to help prevent and correct the signs of aging.

Did you know 90% of the signs of premature aging are caused by sun and environmen

Not just in summer, but all year round. From the Pond's Institute comes news that can help save your skin: two separate moisturizers in one unique system. It helps prevent the damage tha causes skin to look old before its time. And helps correct the damage that's already been done.

How does it work? With three pieces that twist together like a puzzle that's been solved.

When should you start? Right now, before the sun rises on another day.

Is it too late? Is it ever too late to look more beautiful?



CORRECT

By night: A richer formulation, but still quickly and easily absorbed. Correct works while you sleep – delivering 3 alpha hydroxys and vitamins to help undo the signs of premature aging, smoothing, firming, encouraging newer skin cells to emerge, creating new radiance. Wake up. It's a new day for your skin.

The BRA Bazaar

Summer's coming, and with it sexy bare and sculpted styles. Here's the right thing to have going on underneath them all





Large-busted? You don't ha to pass by body-hugging styl— just choose a super-constr ed seamless bra to shift brea toward center, reducing si s an inch or more. Ultimate Comfort Minimizer Bra by Gossard ($42); Express to



Prevent show-through and get support under straples styles with a stretchy skin- tone underwire bra/liner. Not So Innocent Nudes by Warner's ($19); Bebe tube top



The halter is back, and nov there's a bra that's made j t for it, so you don't have to fool with a convertible-stra style. The black color gives sporty layered look—ever peek is okay. BestForm bra ($6.99); Bebe halter



These skinny adjustable str s hide under the thinnest- strap tanks, and the light nylon/spandex blend won't show through the skimpies cottons. Natori II sheer bra ($36); Lerner's NY & Co. ta



A crisscross slinglike construction gently holds breasts without a rigid ban or strap. Perfect under relaxed knits and dresses. Silk Magic by Elita ($18); A.B.S. by Allen Schwartz to



For the new scoop, low V and horseshoe tees, you need a bra that curves just as deep. Look for a demi- cup style, which also gives breasts a boost. Vanity Fair ($26); Juicy Couture tee



Under simple shells, go for a racer-back design with fron closure to eliminate bra- strap slippage all day long. Bali Beyond Seamless ($23); Ellen Tracy shell

HEALTHY BOOST OF MOISTURE EVERY TIME YOU SHOWER.



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Buckling Up Wasn't Enough

A SEAT BELT SAVED MY DAUGHTER'S LIFE, BUT LEFT HER HORRIBLY INJURED.

BY KATHRYN FREDE, AS TOLD TO JULIE METTENBURG

JULY 13, 1997, began like any typical summer Sunday. My husband, Rick, our two kids and I were wrapping up a week at our vacation house at Lake of the Ozarks, a two-and-a-half-hour drive from our home in Hazelwood, Missouri. Because we had arrived in three different cars, we would have to drive back separately. Our daughter, Ali, then a twenty-year-old student at the University of Missouri-St. Louis, and our son, Jason, sixteen, volunteered to take our 1997 Ford Explorer.

Since Jason, who had just gotten his driver's license seven months before, would be driving, I decided I would feel more comfortable if we drove in a caravan, with me in the lead, the kids in the middle and Rick following behind. As we pulled away, I was confident that Ali and Jason had fastened their seat belts—they knew that ignoring this rule meant losing their driving privileges.

By the time we merged onto the interstate we were traveling at the 70-mile-per-hour speed limit. About halfway through the trip, I glanced up at the rearview mirror. A nightmare was unfolding behind me: Jason was passing a semi tractor-trailer when suddenly the Explorer jerked to the left and shot across the median toward the oncoming traffic. I remember banging the steering wheel and yelling, "Come on, Jason, bring it back! Bring it back!"

Sure enough, it seemed Jason was regaining control of the truck as it veered back through the median. But then the Explorer flipped and began to roll right over the top of a sedan in the oncoming lane. Finally, the truck stopped upright.

Time froze in that instant. Somehow my car ground to a halt. I heard someone screaming—and then realized it was me. Rick pulled his car to the side of the road, and ran to Jason and Ali, who looked like rag dolls hanging out the sides of the truck where their doors had blown open. Luckily, they had been restrained by their seat belts. *(continued)*

The sport utility vehicle in which Jason and Ali were riding flipped and rolled over another car



Kathryn and Rick spent a month after the accident shuttling between Jason's and Ali's hospital rooms





December 29, 1998

To whom it may concern:

In February 1997, I weighed 195 pounds and was size 22. I really wanted to have enough energy to keep up with a full-time elementary teaching position and a very active 2-year-old. I also wished I could wear shorts and career clothes without feeling so uncomfortable and fat.

I began the Slim-Fast Plan by drinking a delicious milk chocolate shake for breakfast, and bringing a chocolate shake (can) for lunch. It was very easy to do and I felt full all morning and all afternoon. Prior to this, I was grabbing high-fat/high-calorie foods on the way out the door in the morning. Slim-Fast fills me up and helps me feel energetic. It's very comforting to know that I am getting all of the nutrition I need without the fat.

After work and on weekends, I eat a great sensible supper with my family. I have been walking about 45-50 minutes each day, since I have my energy back.

It took 6 months to lose 50 pounds. I'm proud to say I've kept it off for over a year now!

I am still drinking my great-tasting chocolate shakes to keep me feeling great! I can proudly say that I weigh 145 pounds and am currently wearing a size 8!

Sincerely,
Kristina Cottingham





When you've reached your best weight and size (whether you've lost 20 or 100 pounds) send your story and photos to: Slim-Fast Success Stories, 767 Third Ave. 32nd fl., New York, NY 10017. Maybe you can be the next Slim-Fast star.
www.slim-fast.com

ults not typical.

Fearing that the truck would catch fire or explode, Rick worked to remove both kids, with the aid of other drivers who had stopped to help. Jason was unconscious, but came to once he was out of the car. He couldn't move his left leg. Ali's seat belt was embedded in her neck and collarbone, so Rick had to cut the belt to remove her from the truck. Soon after, she fell unconscious.

Jason, with Julie, the driver of the sedan, waited for helicopters to transport them to a hospital at the University of Missouri-Columbia, about 30 miles away. Ali, the most critically injured, was whisked off immediately in an ambulance. On the way to Columbia she went into respiratory failure, and the ambulance had to make an emergency stop in Fulton, Missouri. At the tiny hospital there, doctors stabilized Ali while one of the helicopters returned for her.

It wasn't until after nearly sixteen hours of surgery that we learned just how serious her injuries were. Ali's surgeon, Dr. Michael Metzler, explained that she had suffered what was known as "seat belt trauma." Although Ali was sitting upright at the time of the accident, the seat belt was not correctly positioned across her lap—a problem that can affect many women in this country due to the way some seat belts are designed. If the belt had been resting low across Ali's hips, it would have pulled against her hipbones to restrain her. But it had edged upward toward her navel. The extreme force of the accident caused the belt to literally crush the soft tissues of the right side of her abdomen, from the bottom of her rib cage down to her hipbones and back to her spine. "Ali is severely ill," Dr. Metzler told us. Without seat belts, both my children probably would have died instantly; yet, I was shocked to hear that my daughter now might die from the injuries *caused* by this safety mechanism.

Over the next four weeks, Rick and I shuttled back and forth between our children's hospital rooms. Jason had broken two vertebrae in his neck, and was fitted with a "halo," a metal brace that was screwed into his skull to immobilize the spine while it healed. Although the highway patrol couldn't confirm it, we think that a piece of the tractor trailer's tire flew into the Explorer's windshield, and that while instinctively swerving to miss it, Jason hit a mound of dirt at the edge of the pavement. Neither we nor the family of Julie, the other driver, who suffered a head injury, have assigned fault.

For the next month, doctors kept Ali deeply sedated as her body ever-so-slowly healed. After glass and debris were removed from her shoulder laceration, the wound was left to close on its own. But in the days and weeks following the operation on her abdomen, surgeons repeatedly had to remove dead tissue from the traumatized areas. By the time they were finished, her right abdominal muscles were gone, as was much of the skin, leaving a large portion of her remaining intestine exposed.

Ali hung on, and on August 5 she finally was weaned from the sedatives. But her condition was still serious. She was being fed by IV through a catheter in her neck. Surgeons would have to reconnect her intestine as well as close and reinforce the muscle wall and skin. Before that could happen, though, her lungs had to heal—one had been punctured in the accident and the other had collapsed.

Rick took Jason home in a wheelchair in time to start school on August 24. After the kids left, I found a small, furnished apartment that would become my home for the next two months.

By the middle of September, Dr. Metzler finally felt Ali was stable enough to be moved to a trauma center in St. Louis. But our ordeal was far from over. Four times throughout the winter, Ali developed life-threatening blood clots. She also suffered because she had a colostomy-type bag to collect the stomach acid leaking from her exposed intestine. When the acid accidentally spilled, it would burn and eat away what skin she had left.

By late January 1998, Ali's colorectal and plastic surgeons, Dr. Ira Kodner and Dr. David Caplin, performed the eight hours of surgery required to fix her intestine. A sketch of it will remain with Ali's charts to instruct doctors who might care for her in *(continued)*

Seat-belt Safety

About 42,000 people nationwide are killed each year in automobile accidents, according to the National Highway Traffic Safety Administration. Although statistics have not been collected regarding deaths due to seat belts, the administration estimates that in about half of all potentially fatal accidents, wearing a seat belt will save your life.

The lap belt should rest two to four inches below your waist, snug across your hips and over the tops of your thighs. The shoulder belt should lie flat against your shoulder—not against your neck—and cross over the center of your breastbone. Check periodically to ensure that the seat belt is still in place. Of course, children should always ride properly restrained in the backseat. —J.M.







les her dog, Bailey, vived the accident. Ali's abdomen bears e scarring from the

MAN TODAY

ed

ure. On March 1, seven and a nonths after the accident, Ali e hospital for good.

time has passed, more wounds healed – although slowly. Jason king, but he is still weak on his le, which was more affected by uries.

has returned to her classes as a l education major at the Uni- y of Missouri-St. Louis. In all asses, she tells her peers about nportance of wearing seat belts rly. She also has helped Barnes- n Hospital conduct a seat-belt program.

believes that her life was spared at she could get the message out t seat belt trauma, and to en- ge the auto industry to conduct research into seat-belt safety. In racing, cars can roll several , then the drivers often get out walk away. Ali and I believe that ifesaving H- and X-shaped seat used in race cars should be available for all passenger vehicles. We also want seat belts to be designed with people of all sizes in mind. Some belts may be too large for petite women, easily sliding above their hips. One of the doctors in Columbia told us they see this type of injury more in women, about three or four times a year.

For the moment, all people can do is make sure the lap belt is pushed down as low as possible over their hips, and check it repeatedly. (see "Seat-Belt Safety", page 36.) I'm also a strong advocate for air bags. I look at my children's beautiful, perfect faces, and I know that the Explorer's air bags saved them from being slashed by glass shards.

Ali's outlook on life is good, and her sense of humor is as sharp as ever. Still, after seventeen surgeries, one more procedure remains. This month, a portion of muscle from Ali's back will be transplanted into her abdomen. The muscle won't function – Ali will never do sit-ups, and will always have a hard time coughing and laughing. But will serve as a protective layer. Amazingly, Ali's reproductive organs weren't injured.

Not all of our family's scars are physical. None of us is comfortable in cars yet, and this past summer at our lake house, as we began to pack for home, the accident was foremost on everyone's mind. Driving back, when we reached the stretch of road where the Explorer began to swerve, I pointed out to Ali exactly where the truck flipped over. A year later, no sign of the destruction remained. The tire marks had faded, and there was no trace of debris. We drove on in silence, thankful that we were still here. ●



newsline report

CNN, The World's News Leader, and *Ladies' Home Journal* present up-to-the-minute facts and findings about the world today



COLON CANCER BREAKTHROUGH

A painless vaccine may soon be available to treat colon cancer. After a five-year study in which stage-two colon-cancer patients were given the vaccine in addition to surgery, researchers reported a 61 percent decrease in the recurrence rate of the disease, and a 50 percent improvement in survival. (About 60 percent of patients are diagnosed in stage two, when the cancer has spread through the bowel wall but not to other areas of the body, says researcher Herbert Hoover, M.D., chairman of surgery at Lehigh Valley Hospital, in Allentown, Pennsylvania.) The researchers cited few side effects; they hope to begin the Food and Drug Administration approval process within months.

—Rhonda Rowland, *Your Health*

Quote of the Month

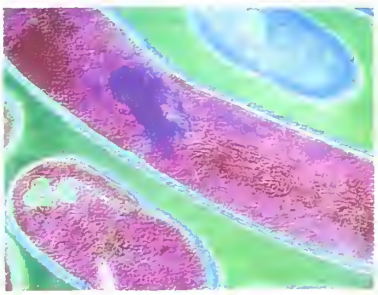
"I don't put expectations on myself. I make music from the heart." —*Lauryn Hill, on* Showbiz Today

Deadly New Bacteria

An outbreak of a relatively unknown foodborne illness called listeriosis recently spread through several states, according to the Centers for Disease Control and Prevention (CDC), in Atlanta. Dozens of people were sickened, some died, and several women suffered miscarriages.

Listeria, the bacteria that cause the disease, are commonly found in deli meats, hot dogs, soft cheeses, raw meat and unpasteurized milk. Pregnant women, infants, and those with weakened immune systems are most at risk. "Listeria can get into the bloodstream and cause infection," says Stephen Ostroff, M.D., assistant director for epidemiology at the CDC. Symptoms include fever and muscle aches.

Reduce your risk of getting the disease by cooking meats and leftovers thoroughly, and by washing everything that may come into contact with raw meat. Those in a high-risk group should also avoid soft cheeses and deli foods, or heat cold cuts before eating them. —Linda Ciampa, ***Your Health***



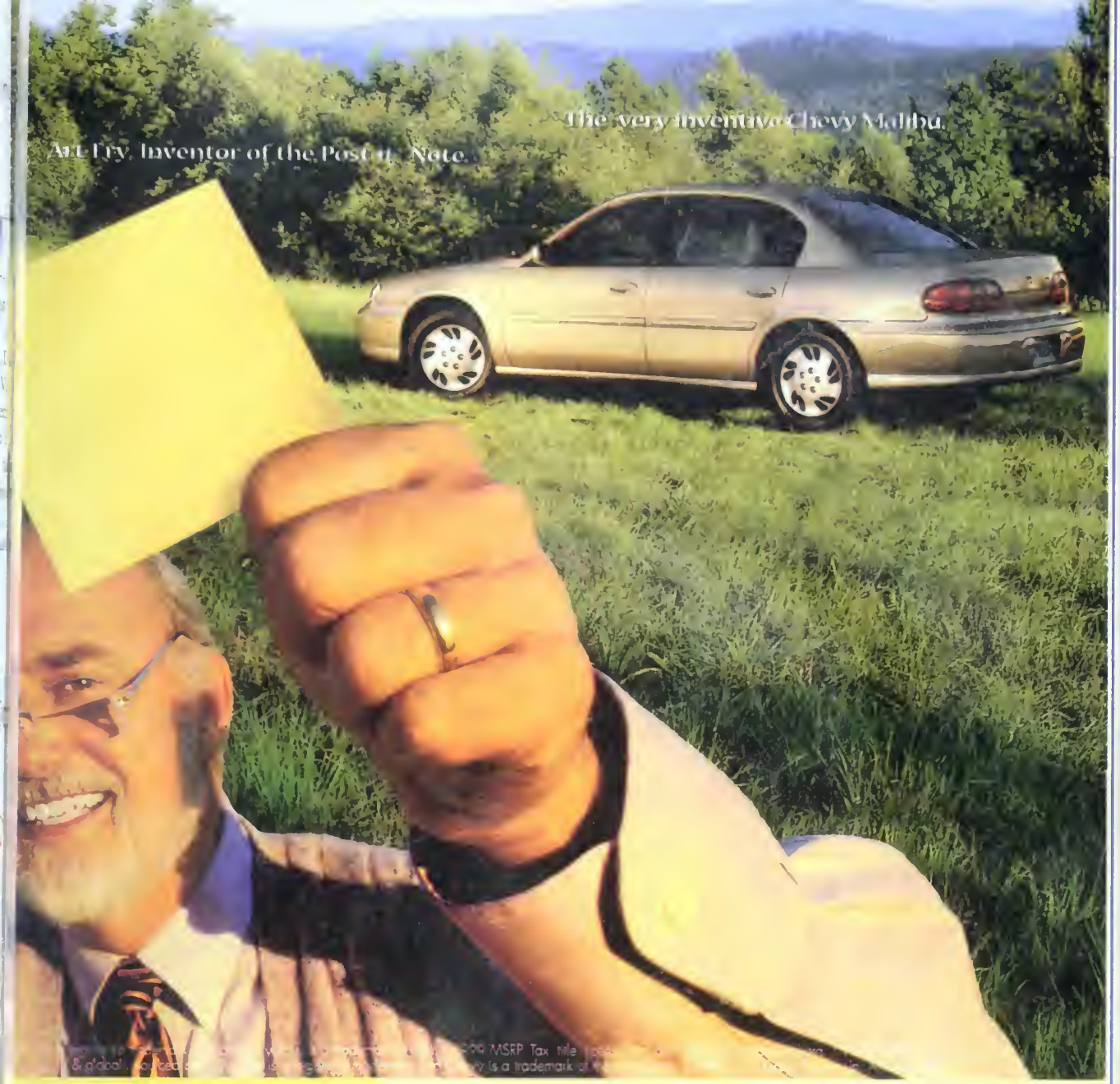
UNNECESSARY INSURANCE?

If you put down less than 20 percent when you bought your house, you're probably paying private mortgage insurance (PMI). But by taking advantage of the hot real estate market and refinancing, you may be able to drop this costly insurance, says Barry Habib, a mortgage banker at Certified Mortgage Associates, in Marlboro, New Jersey.

HERE'S HOW IT WORKS: Say you bought a $100,000 home five years ago, put down $5,000 and took out a mortgage for $95,000. Now, your home is reappraised for $150,000. When you refinance, even if you borrow that same $95,000, your equity in the home is now $55,000—well over 20 percent, eliminating the need for PMI. You may pay a small increase in interest rates, but it's still a big savings for most people.

—Diane Galligan, *CNN Financial News*

Watch CNN's *Showbiz Today* for the latest from Hollywood to Broadway (weekdays, 2:30 P.M., E.T.) and *Your Health* for the week's top medical news (Saturdays, 2:30 P.M. and Sundays 3 P.M., E.T.).



INGS WE'VE NOTICED
ABOUT AMERICANS:

WE KNOW
A GOOD IDEA
WHEN WE
SEE IT.

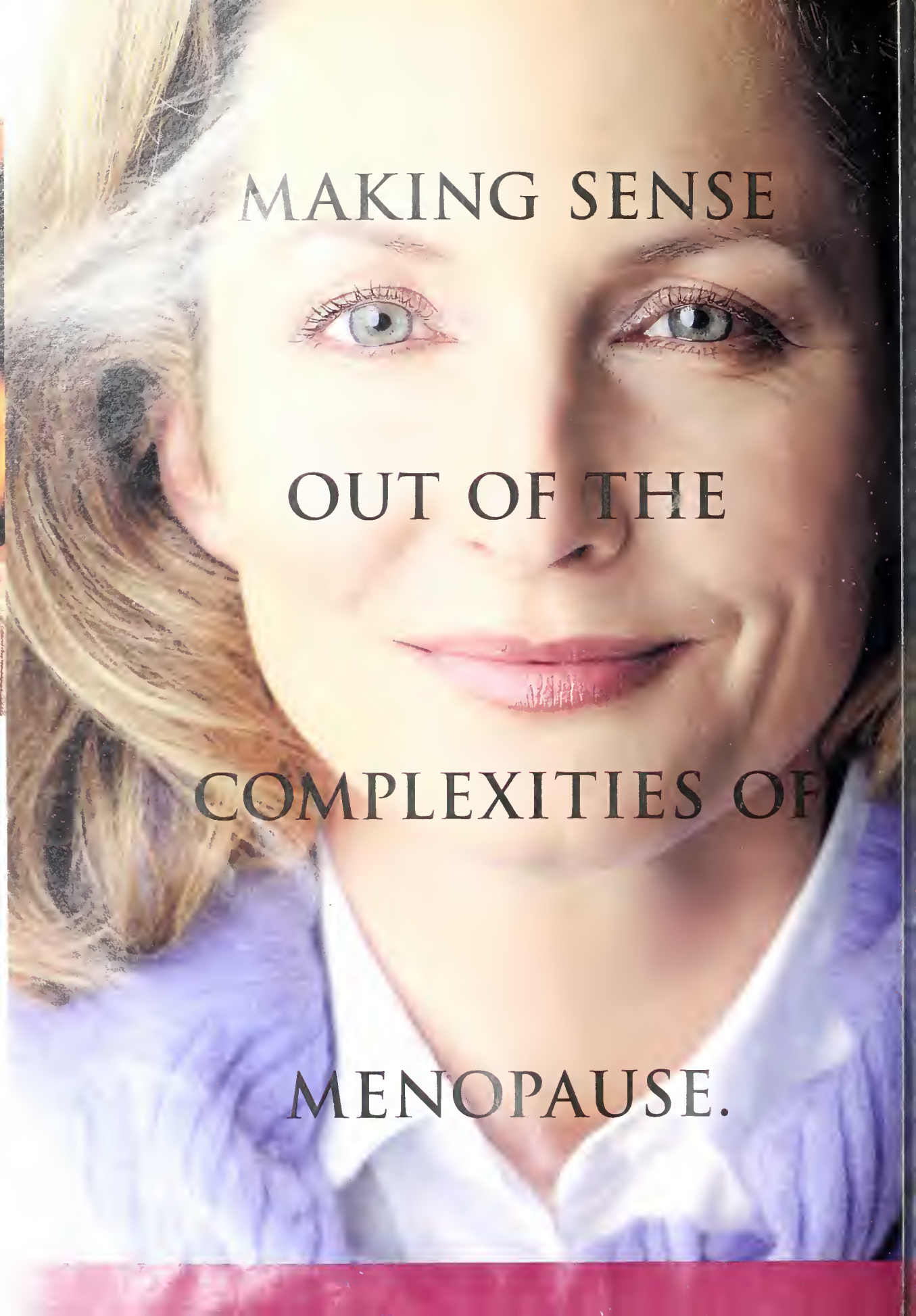
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MAKING SENSE
OUT OF THE
COMPLEXITIES OF
MENOPAUSE.

You may not even know you're losing estrogen but the symptoms of menopause—*t ashes, night sweats, vaginal dryness*—are signs of estrogen loss. Protecting yourself s important because estrogen loss can lead to future health problems like *osteoporosis.*

PREMPRO CAN HELP.

nding menopause and estrogen loss

in menopause, significant changes are occurring ur body. The hot flashes, night sweats, and vaginal ou may be experiencing are the signs that your oducing less estrogen. PREMPRO can relieve these is and help you feel better.

ou have only mild hot flashes or night sweats, or none at all, you are still losing estrogen during se, and that can lead to osteoporosis, which can ur future health. Many women begin to lose bone ly in menopause. In fact, a woman can lose up to er bone mass in the first 5 to 7 years after se begins, which could contribute to future fractures.

offers proven health benefits during and nopause.

, hormone replacement therapy, is prescribed for who have not had a hysterectomy to relieve the rtable symptoms of menopause. PREMPRO is proven e the hot flashes that can disrupt your days. It also s the night sweats that can interrupt your sleep, ay leave you tired and irritable the next day. With , you should stop experiencing these symptoms, thin days of starting therapy.

veeks, PREMPRO can ease the discomfort of dryness, that can interfere with sexual intimacy. portantly, studies have shown that PREMPRO os to protect against osteoporosis, by helping nt early bone loss and reducing hip and wrist s by approximately 60%.

tablet PREMPRO.

nd of multiple estrogens in PREMPRO is the same d in the most widely studied of all estrogen s. With PREMPRO, you can feel confident you ing the same blend of estrogens that women ir doctors have trusted for over 55 years ed with a progestin in one, convenient tablet.

can be side effects with PREMPRO.

n can increase the risk of cancer of the uterus in combined with estrogen, as in PREMPRO, s this risk. If you have had a hysterectomy, you do not have this risk. Progestins may have unfavorable effects on blood sugars, which may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, vomiting, breast tenderness, and abdominal pain.

PREMPRO may not be right for every woman.

When you discuss taking PREMPRO with your doctor or other health care provider, be sure to discuss your personal and family medical history, including any breast cancer, uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, stroke, heart disease, or liver disease. You should not take PREMPRO if you have had any of these conditions. Pregnant women should not take PREMPRO because of possible risk to the fetus.

Protect your health now with PREMPRO.

Now, more women than ever are taking an active role in their own health care. If you are in menopause, there's no better time to ask your doctor if PREMPRO is right for you. Taking PREMPRO today can relieve your uncomfortable symptoms, and may help protect you from osteoporosis. Speak to your doctor or health care provider now about the proven benefits of PREMPRO.

Please see the important information on the following page.

SHOULD YOU SPEAK WITH YOUR DOCTOR ABOUT MENOPAUSE?

Have your periods stopped or become irregular?__

Have you started to experience hot flashes?__

Have you been unable to sleep or awakened because of excessive sweating?__

Has vaginal dryness interfered with sexual intimacy?__

Do you have a small frame or family history of osteoporosis?__

If you answered [illegible] any of these questions, you should speak to your doctor.

PREMPRO™

(conjugated estrogens/medroxyprogesterone acetate tablets)

0.625 mg/2.5 mg

SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

PREMPHASE® Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

...when and how to use [illegible] and risks of treatment

PREMPRO and PREMPHASE each contain [illegible] two hormones, an estrogen and a progestin. The combination of an estrogen and a progestin has been shown to provide the benefits of estrogen replacement therapy while reducing the risk of a possible precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy [illegible] removal of the uterus).

There are important [illegible] some risks. You must decide, with your doctor, whether the risks of taking PREMPRO or PREMPHASE are acceptable when weighed against their benefits. The length of treatment with estrogens can vary [illegible] You and your doctor will make sure you are using the lowest possible effective dose [illegible]

With PREMPRO or PREMPHASE therapy, several menstrual-like bleeding patterns may occur. These may range [illegible] to irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate [illegible] but it may be heavy. Please discuss your bleeding pattern and set up an appropriate [illegible] care with your physician.

USES OF ESTROGEN

Relief of [illegible] menopausal symptoms. Estrogens are hormones produced by the ovaries of normal [illegible] There is a [illegible] of estrogen that occurs in all women, usually between the ages of 45 and 55, [illegible] times the ovaries are removed during an operation causing "surgical menopause." When [illegible] disease, some women develop very uncomfortable symptoms, such as feelings [illegible] chest or sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). [illegible] drugs can help the body adjust to lower estrogen levels and reduce these symptoms. Some [illegible] menopausal symptoms. In others, symptoms can be severe. These symptoms may [illegible] Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not taking [illegible] for their benefits such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE [illegible] if they relieve [illegible] from your menopausal symptoms.

Prevention of [illegible] the bones. Osteoporosis is a thinning of the bones that makes them weaker and allows them [illegible] more easily. The bones of the spine, wrists, and hips break most often in osteoporosis. Both men and women [illegible] bone mass after about age 40, but women lost bone mass faster after the menopause. Using estrogens [illegible] menopause slows down bone thinning and may prevent bones from breaking. Eating foods that are high in [illegible] (such as dairy products) or taking calcium supplements (1000 to 1500 milligrams per day) and certain types [illegible] may also help prevent osteoporosis. But if you change your calcium intake or exercise habits, it is important to discuss these lifestyle changes with your doctor to find out if they are safe for you. Since estrogen use is associated with some risks, its use in the prevention of osteoporosis should be limited to women who appear [illegible] susceptible to this condition. The following characteristics are often present in women who are likely to develop osteoporosis: white or Asian race, small, slim body frame, cigarette smoking, family history of osteoporosis, and [illegible] surgical menopause.

To treat vulvar and vaginal atrophy (itching, burning, dryness in or around the vagina, difficulty or burning on [illegible] associated with menopause.

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using [illegible] estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have a [illegible] problems. Estrogen drugs should not be used except in unusually special situations [illegible] in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with [illegible] blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens [illegible] relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your [illegible] and supple and keep you feeling young. There is no evidence for these claims and such long-term [illegible] use may have serious risks.

After childbirth or when breast-feeding a baby. Estrogen should not be used to try to stop the breast from filling [illegible] after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

If you are breast-feeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

[illegible] any drug which contains estrogen, it is important to visit your doctor regularly and [illegible] report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine [illegible] Your doctor should evaluate any unusual vaginal bleeding to find out the cause. The risk of [illegible] the [illegible] endometrial cancer, are used alone, the longer they are used, and when larger doses are taken. There is a [illegible] risk of [illegible] stroke if you are overweight, diabetic, or have high blood pressure.

[illegible] combination you will be taking contains estrogen and progestin. This combination has been shown [illegible] replacement therapy for the **USES OF ESTROGENS** listed above, while reducing [illegible] of the uterine lining (see **OTHER INFORMATION** below).

[illegible] risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks [illegible] unfavorable effects on blood fats as compared to Premarin alone, unfavorable effects on blood sugars, and [illegible] (see *Cancer of the breast*, below). Usually, the smaller the dose and the [illegible] the more these effects are minimized. Check with your doctor to make sure you are [illegible] and only for as long as you need it. If you have had your uterus removed, there is no [illegible] and no benefit to be gained by using a combination estrogen/progestin product.

[illegible] studies have not shown a higher risk of breast cancer in women who have ever used [illegible] and that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used [illegible] shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some [illegible] reported a somewhat increased risk, even higher than the possible risk associated with estrogens [illegible] have not. Regular breast examinations by a health professional and monthly self-examination are [illegible] for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder [illegible] needing surgery than women who do not use estrogens.

Inflammation of the Pancreas. Women with high triglyceride levels may have an increased risk [illegible] inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause [illegible] a heart attack, or a pulmonary embolus, any of which may cause death or serious long-term disability.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with [illegible] bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this [illegible] first four months of pregnancy. Several reports suggest an association between mothers who take the [illegible] first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the mother [illegible] possibility of being born with a condition in which the opening of the penis is on the underside rather than [illegible] the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about [illegible] exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. [illegible] enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the [illegible] as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester. [illegible] These drugs have been used as a test for pregnancy, but such use is no longer considered safe because [illegible] damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If [illegible] PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss [illegible] doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or [illegible]

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors ("fibroids") of the uterus
- Irregular bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, [illegible] disease, or kidney disease
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes.
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring [illegible] treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your [illegible] least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need [illegible] evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or [illegible] mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate your need for estrogen [illegible] six months.

Be alert for signs of trouble. Report these or any other unusual symptoms to your doctor immediately.

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness [illegible] arm or leg
- Breast lumps
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer [illegible] of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing [illegible]

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on [illegible] which might make a diabetic condition worse. Additional risks include a possible further increase in [illegible] risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against [illegible] disease. However, this is not certain. The protection shown may have been caused by the characteristics [illegible] estrogen-treated women and not by the estrogen treatment itself. In general, treated women were [illegible] physically active, and were less likely to have diabetes than the untreated women. These characteristics [illegible] to protect against heart disease.

You are cautioned to discuss, in detail, with your doctor or health care provider all the [illegible] risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your [illegible] doctor about the amounts recommended.

This Summary provides the most important information about PREMPRO and PREMPHASE. If you want [illegible] more, ask your doctor or pharmacist who has read the professional labeling.

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XPERTS' GUIDE TO SUMMER BEAUTY

We assembled a cross-country team of health and beauty pros—a dermatologist, an optometrist, and makeup and hair experts—to bring you the most up-to-date information on under-the-sun skin, hair and eye care. Follow their smart advice for a summer full of looking good and feeling great!

By Heidi Schiller

















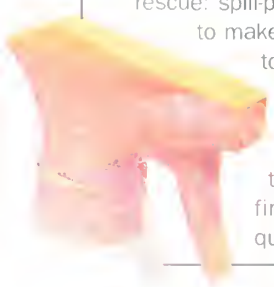


Sun smarts

The consequences of exposing unprotected skin to harmful UV rays range from premature aging to skin cancer. Here's how to play it safe without shunning the sun

NO MORE GOOP!

More than a few times you've probably had to clean up the inside of your beach bag and all its contents because your sunscreen bottle leaked. To the rescue: spill-proof, sand-proof, mess-proof packaging to make sure your sunscreen goes only where it's supposed to—on your skin. Check out: Dermalogica Sun Swipes SPF 15 (above)—individually sealed "take-anywhere" towelettes for the face and body, and Banana Boat Quik Blok Sunblock Sport Spray Lotion SPF 15 (right). With its handy trigger bottle and fine-mist formula, you can sunproof large areas quickly without the creamy mess.



THE DOCTOR IS



CHOOSING SUNSCREEN US TO BE ONLY ABOUT SKIN TONE. NOW THERE ARE OTH FACTORS AND A SLEW OF N FORMULAS TO CONSIDER. I AND N.Y.C. **DERMATOLOGIS KARYN GROSSMAN, M.D.**, (ABOVE) SORTS IT ALL OUT

PROBLEM Renova (or Retin-A treated skin is easily burned easily irritated by sunscreen

SOLUTION Grossman suggests using a moisturizing cream sunscreen with little or no alcohol (which may irritate). Choose a broad-spectrum formula with Parsol 1789, zinc oxide or titanium dioxide to protect from UVA (aging) and UVB (burning rays). **BEST BETS** Biosun Sunblock Lotion SPF 45, Neutrogena UVA/UVB Sunblock Lotion SPF 45 and Coppertone SHADE UVA Guard SPF 30.

PROBLEM Heat-induced breakouts on chest and back

SOLUTION New oil-free spray sunscreens contain alcohol, which can help prevent further breakouts. Stay clear of obviously greasy ingredients like sesame or mineral oil, and be aware that the terms noncomedogenic, nonoily and lightweight don't guarantee a product is oil-free. **BEST BETS** L'Oréal Ombrelle Sunscreen Spray SPF 25 and Estée Lauder Oil-Free SunSpray SPF 15.

(continued)

FACT: Most people need at least one ounce (think shot glass) of sunscreen to adequately cover their body

NEUTROGENA SUN CAMERA SHOWS DAMAGE ALREADY BELOW SKIN'S SURFACE THAT YOU MAY SEE IN TEN YEARS, IF LEFT UNTREATED.



Wrinkles, fine lines.

Age spots, uneven skintone.

Rougher texture.

Your skin today. *How your skin will look in ten years.*

Q: HOW DO DERMATOLOGISTS VISIBLY REDUCE WRINKLES AND FINE LINES CAUSED BY THE SUN?

A:



The retinol cream dermatologists recommend #1.

Visibly reduces the appearance of fine lines, wrinkles and age spots within two weeks.

Moisturizes, smoothes and softens skin.

SPF 15 helps prevent future sun damage.

Retinol, the purest form of Vitamin A, works deeper within the skin's surface to visibly reduce past sun damage.

Neutrogena®

THE DOCTOR IS IN *(continued)*

PROBLEM Sunscreen irritates sensitive skin

SOLUTION The gentlest products are those labeled hypoallergenic, fragrance-free and that don't contain botanicals. Stick to physical sunscreens (like zinc oxide or titanium dioxide), which reflect rather than absorb UV rays. Avoid chemical sunscreens like oxybenzone, cinnamates and padimate-O. **BEST BETS** Hawaiian Tropics Sunblock SPF 45, Neutrogena for Sensitive Skin Sunblock SPF 17 and Pre Sun Block SPF 21.

PROBLEM Maintaining SPF coverage through heavy-sweat sports and water activities

SOLUTION The handy spot-coverage sticks for the eyes, ears and lips usually contain a high percentage of wax, which helps SPF stay put. For liquid and spray sunscreens, follow these guidelines: If label says water-resistant, reapply after 40 minutes; if waterproof, reapply after 80 minutes. **BEST BETS** Coppertone Sport Sunblock Spray SPF 30, Lancôme High Protection Sun Stick SPF 30 for Face & Lips and Origins Cover Your Mouth.

PROBLEM Getting enough protection from a moisturizer with SPF

SOLUTION A moisturizer can be as effective as plain sunscreen but only if it has an SPF 15 or higher. Reapply 30 minutes before going outside for a long period of time, particularly on the neck, chest, arms and hands. **BEST BETS** Avon Anew Day Force SPF 15, Mary Kay Day Solution SPF 15 and Oil of Olay Complete SPF 15.



WHY NOT BABY YOURSELF?

. . . after all, baby sun products are especially made to protect the most tender, vulnerable skin around, right? Well, yes and no: There are no industry guidelines for "baby" formulations, but these products do tend to be hypoallergenic, waterproof and alcohol free, and most have an SPF of 30 or higher. Because they don't contain many additives (like fragrance or herbal ingredients), they are a good, gentle formula for sensitive skin. But if your skin is oily or acne-prone, you may want to stick to oil-free adult sunscreens because baby products can be highly emollient.

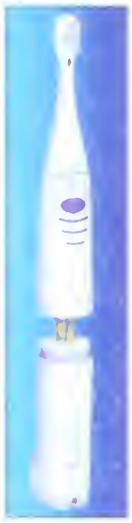


FACT: Think covering up is just as good as using sunscreen? The average white cotton T-shirt offers an SPF of only 7



Our System.





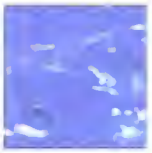


Our Power Toothbrushes feature Interplak's famous counter rotating bristle action and an exclusive triple action process to effortlessly clean, polish and massage teeth and gums. This includes the Direct Plug-in unit (DP-1), the only totally cordless, rechargeable power toothbrush. The handle plugs directly into any wall socket to recharge, so there's no base or clutter! And it's dual voltage to let you take your smile anywhere!



Only the Interplak System includes a variety of Cleaning Attachments that twist right onto power handles. The Flosser Attachment is one of the most popular.

Interplak's Dental Water Jet sends 2,650 pulses per minute of water or antibacterial rinse to get rid of the "leftovers" stuck between teeth and under the gumline. It's the simplest way to clean around teeth, braces and bridgework, and comes with enough extra jet tips to take care of a whole family of smiles.





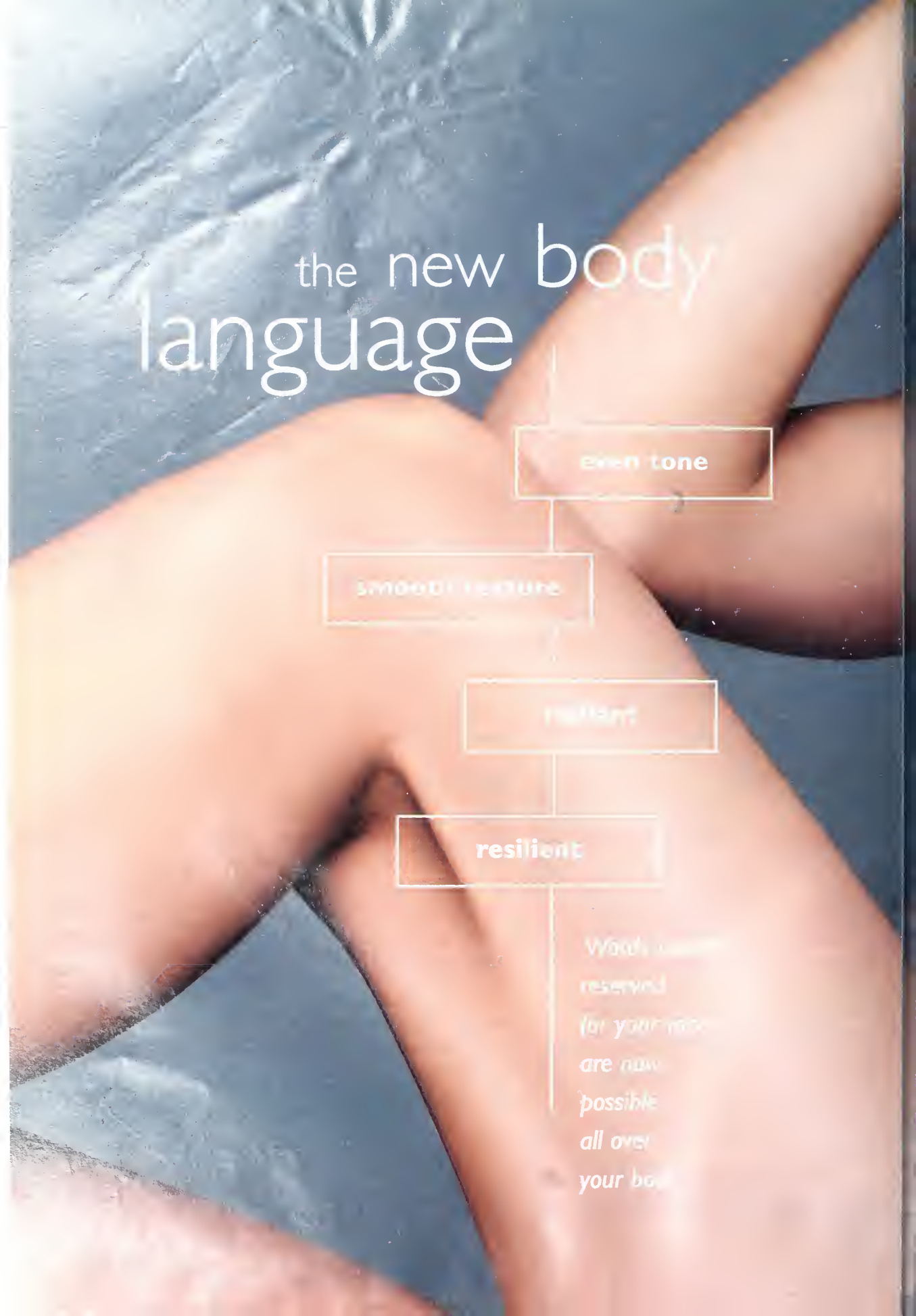
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the fake ba

Ever wonder how the stars on Baywatch get—and keep—thos perfect tans? Their on-the-set self-tanning pro shows you hov





GOING BRONZE

BAYWATCH **MAKEUP ARTIST JOANNA CONNELL** (RIGHT) HAS TESTED DOZENS OF SELF-TANNERS ON THE SET AND OFF

WHICH HUE FOR YOU?

NOVICES Look for a tinted self-tanner, which allows you to see exactly where you have already applied so you don't overdo it. **Try** Bain de Soleil Sunless Tanning Creme Vanishing Tint, Lancôme Flash Bronzer Instant Colour Self-Tanning Gel for Legs and Murad MuraSun Self Tanner SPF 15.



FAIR-SKINNED Try a light-to-medium formula with minimal amounts of dihydroxyacetone, a colorant that creates a tan through a chemical reaction with the proteins in skin. **Try** Elizabeth Arden Modern SkinCare Oil-Free Self Tanning Lotion. Bobbi Brown Sunless Tanning Face Gel and Coppertone Oil-Free Sunless Tanner Lotion.



SMELL-PHOBIC Can't stand the medicinal smell of self-tanners you've used in the past? New, more fragrant formulas are being manufactured now. **Try** Sears Time Out Self Tanner SPF 8 (tropical berry, peach, kiwi or mango), Banana Boat Sunless Tanning Mousse (citrus) and Hawaiian Tropic Deep Dark Self Tanning Spray (pineapple).

TIP: Petroleum jelly applied in a thin layer protects eyebrows from turning orange and sunspots from darkening further from contact with self-tanners

5 steps to a streak-free tan

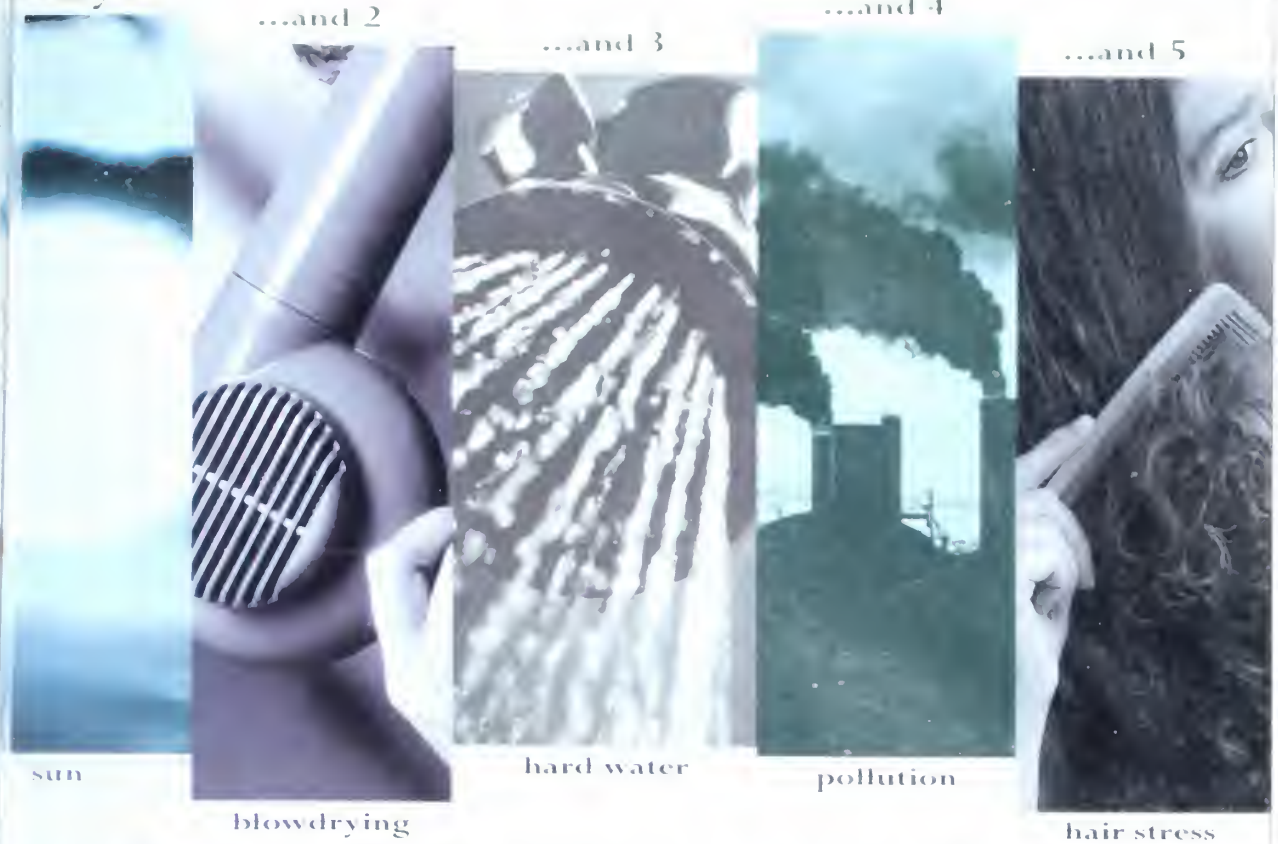
TIP 1. To prevent dry areas (like an e knees, feet, elbows and neck) from grabbing self-tanner unevenly, apply a body moisturizer on these areas firs Do not apply additional self-tanner—us only the residue left on the sponge r on your hand.

TIP 2. To achieve a uniform base col apply a self-tanner three nights in a r Start at your feet, working up in roun circular motions. Do not exfoliate dur this period. If you are a first-time tanner do a patch test on a small hidden spo 24 hours in advance.

TIP 3. To apply on fingers, keep them bent like a claw to get the color into e ridges. Be sure to go between the fingers. Don't forget the sides of you pinkie—it's a commonly missed spot

TIP 4. The best way to self-tan the ret your hands is to apply a small amoun product to the tops of both hands an together up to the tips of each finger Don't rub on with your palms; they sh remain tan-free.

TIP 5. If you see a streak within minut applying a tinted self-tanner, take a sp amount of dry oil (Neutrogena Dry Oil S is a good one) or a light mist of wate blend out to correct.



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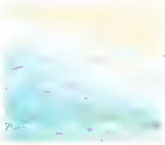
You love your haircolor or highlights, but in the summer months, it really takes some extra TLC to keep them looking salon-fresh

COLOR CUES

BETH MINARDI, COLOR DIRECTOR AT THE MINARDI SALON IN N.Y.C. (ABOVE), TELLS HOW TO COMBAT HAIRCOLOR'S SUMMER ENEMIES

chlorine

THE DILEMMA Dulled color or greenish tint—"pool hair." **THE FIX** If your haircolor is permanent, use shampoo with "chelating" ingredients like EDTA, which lifts dulling deposits from hair. **TRY** Clairol Daily Defense Shampoo, Helene Curtis Thermasilk Clarifying Shampoo and Agree Swimmers Solution.



saltwater

THE DILEMMA Hair becomes brittle, and if it then dries in the sun, color gets brassy. **THE FIX** Conditioners with UV filters and vitamin E protect color from fading and turning; finishers with silicone act as a tough protective barrier from the elements. **TRY** Paul Mitchell The Cream, and Salon Selectives Leave-In Conditioner



sun

THE DILEMMA Haircolor—especially blond highlights—fades. **THE FIX** Color-enhancing shampoos with preoxidized dyes that stay in hair. Use every [illegible]. **TRY** John Frieda [illegible] Shampoo, [illegible] Color Extend Shampoo or Frederic Fekkai Baby, [illegible].

TIP: To rehydrate summer hair, heat conditioner 10 seconds in the microwave, and apply to clean, wet hair

GET GLOWING



If you're a brunet who wants to lighten up a little for summer but you don't want to go the streaky blond highlights route, using a reddish-brown haircolor can give your locks a vibrant lift. Two new home kits to try: Revlon Super Lustrous Haircolor in Amber Rays or L'Oréal Féria in Sparkling Amber. Each is designed to give hair rich permanent color and brilliant shine. Beth Minardi recommends that you stay out of chlorine or saltwater for at least a day after coloring.


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FOR HEALTHY, BEAUTIFUL SKIN
THIS ONE LOTION HAS IT ALL
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COMPLETE
UV Protective
Moisture Lotion
PROVEN TO
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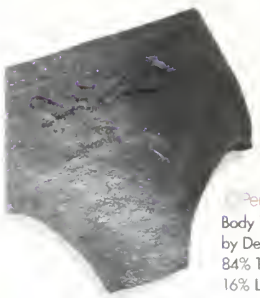
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summer shades

Yes, sunglasses that are both fashionable and functional really do exist



Stylish specs, from top: Killer Loop, Calvin Klein, Enzo Angiolini, Steve Madden, Gianni Versace, Liz Claiborne (2), Calvin Klein

OPEN YOUR

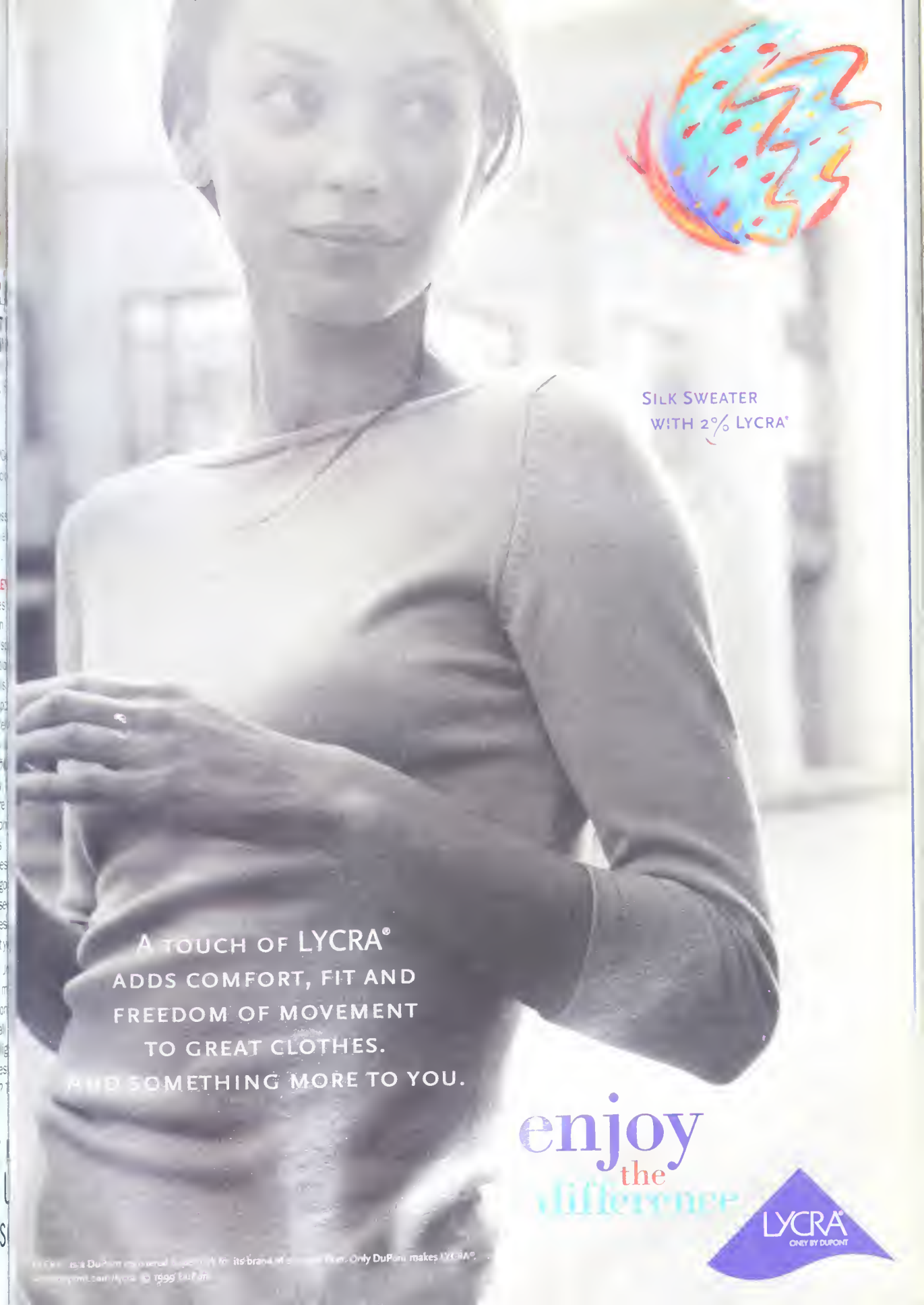
N.Y.C. OPTOMETRIS
MICHELLE BEN-E
(ABOVE) EXPLAI S
WHAT TO LOOK C
WHEN BUYING
SUNGLASSES

BEST FOR DRIVING g
gray lenses; they bloc
bands of light evenly,
allowing you to proces
colors. Another good
purpose lens? Green.

TRENDY-COLORED LES
Not all colored lenses ar
created equal: Brown
lenses are great for so
where depth percepti
key, like golf or tenni
Rose works well for po
weather conditions. Yeow
increases visual acuity lo
light or in haze. Blue offrs
cosmetic benefits only. So
fashion sunglasses are int
too light for protectio a
they're best used as
indoor/outdoor glasse (s
for doing errands). A go
test: If someone can se
eyes through the lense
are too light to protect

SIZE MATTERS Tiny
Lennon–type frames ay
look chic, but they wo't
block the sun. A smal
allows too much sunli
from the side. The be
shape for protection? he
wraparound.

FACT: There are currently n
industry regulations regarding U
protection/labeling for sunglasse


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Ladies' Home Journal picks the extraordinary women who are still affecting our lives

By Myrna Blyth, Editor-in-Chief



Barbara a
Oprah are
our list

100 MOST IMPORTANT WOMEN OF THE 20TH CENTURY

AT *LADIES' HOME JOURNAL,* millennium fever struck us a little early. Around two and a half years ago we decided to compile a list of the hundred most important women of the twentieth century. We knew it wasn't going to be easy. During the last ninety-nine years women's power and opportunities have dramatically increased, and thousands of gifted women in a variety of fields have left a mark on the world. Luckily, the editors of *Ladies' Home Journal* had a top-flight group of advisers, a panel of women professors from America's leading universities, to help us make our choices.

We began with over two hundred and fifty names of accomplished women, which we then whittled down to 150. That's when the process really got tough. We had some [illegible] sessions as we pared down our list, but in the end there was agreement that the women we finally chose best met our criteria. All have made contributions to our culture that influence women today and will continue to influence women's lives well into the coming millennium.

The list first became the basis for a hardcover book, *Ladies' Home Journal's 100 Most Important Women of the 20th Century*, which was published last October. I am happy to say the book got outstanding reviews and even made the *Los Angeles Times* best-seller list. Recently, we also published a special magazine on the 100 women, which is available right now where magazines are sold.

To add to the excitement, Barbara Walters is hosting a ninety-minute TV special based on *Ladies' Home Journal*'s list of the twentieth century's most important women on April 30 at 9:30 P.M. E.T., on ABC-TV. Barbara is one of our hundred *(continued)*

ACTIVISTS & POLITICIANS

Jane Addams (1860–1935) First Americ woman to win a Nobel Peace Prize.
Madeleine Albright (1937–) The first woman Secretary of State.
Mary McLeod Bethune (1875–1955) Th first black woman to head a federal agency (Negro Affairs for the National Youth Administration).
Carrie Chapman Catt (1859–1947) A leading suffragette who formed the League of Women Voters.
Hillary Rodham Clinton (1947–) First Lady who is a women's and children's rights advocate.
Marian Wright Edelman (1939–) Found of the Children's Defense Fund.
Indira Gandhi (1917–1984) First femal Prime Minister of India.
Ruth Bader Ginsburg (1933–) Equal Rigl lawyer; second woman to be appointed the United States Supreme Court.
Emma Goldman (1869–1940) Radical political activist and labor leader.
Anita Hill (1956–) Brought national attention to the issue of sexual harassme
Dolores Huerta (1930–) Co-founder an principal negotiator of the United Farm Workers union. *(continue*

recommended most:

ək-ə-men'd-ed most\ adj.: a course of action doctors subscribe to or advocate above all others for a particular ailment or condition.

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4. Post-surgery pain	
5. Fever	
6. Flu	
7. Gastrointestinal patients with mild to moderate pain	
8. Sore throat pain	
9. Musculoskeletal pain	
10. Traumatic injury pain	
11. Common cold discomfort	
12. Carpal tunnel syndrome pain	
13. General pain (mild to moderate)	
14. Burn pain	
15. Contusion pain	
16. Otitis media pain	
17. Fracture pain	

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...women- and deservedly ... wrote the foreword to ... and magazine.

...show the special will be extraordinary because it includes Barbara's interviews with Oprah Winfrey, Jane Fonda and Gloria Steinem, as well as some of her classic conversations with Lucille Ball, Katharine Hepburn and Margaret Thatcher, all of whom are on our list. She also spoke with Rosie O'Donnell and Bette Midler about their take on some of these outstanding women. "It is all so exciting to me," Barbara said, "that so many interesting and exciting women are on this one show. So many of these women have opened the door for others and affected the lives of us all. It really is a terrific show—funny, touching, inspiring and provocative. And one more thing: It is not for women only."

LHJ ON TV

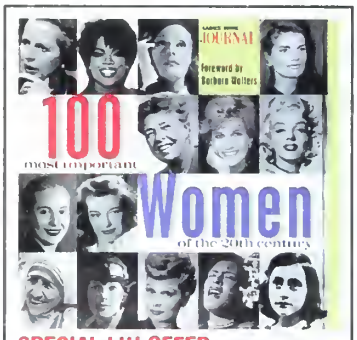
Be sure to tune in to ABC-TV Friday, April 30, at 9:30 P.M., E.T., as Barbara Walters hosts a 90-minute TV special based on *Ladies' Home Journal*'s book, "The 100 Most Important Women of the 20th Century"

ADVISORY PANEL Jane De Hart, Professor of History, University of California at Santa Barbara, Santa Barbara, California, Ph.D. in History. • Mary Beth Norton, Mary Donlon Alger Professor of American History, Cornell University, Ithaca, New York, Ph.D. in American History. • Anne Fausto-Sterling, Professor of Medical Science, Brown University, Providence, Rhode Island, Ph.D. in Developmental Genetics. • Vicki Ruiz, Professor of History and Chicano Studies, Arizona State University, Tempe, Arizona, Ph.D. in History. • Evelyn Brooks Higginbotham, Professor of History and Afro-American Studies, Harvard University, Cambridge, Massachusetts, Ph.D. in History. • Anne Firor Scott, W.K. Boyd Professor of History, Duke University, Durham, North Carolina, Ph.D. in History. • Linda Kerber, May Brodbeck Professor of Liberal Arts, University of Iowa, Iowa City, Iowa, Ph.D. in History.

(continued) **Maggie Kuhn** (1905–1995) Founder of the Gray Panthers, a public advocacy group against ageism.
Golda Meir (1898–1978) First woman Prime Minister of Israel.
Rigoberta Menchú (1959–) Winner of the 1992 Nobel Peace Prize for her work with the Mayan population.
Sandra Day O'Connor (1930–) The first woman to be appointed to the United States Supreme Court.
Jacqueline Kennedy Onassis (1929–1994) America's most stylish First Lady.
Rosa Parks (1913–) Civil-rights activist.
Alice Paul (1885–1977) Head of the National Women's Party and writer of the Equal Rights Amendment.
Frances Perkins (1880–1965) The first woman Cabinet member.
Eva Perón (1919–1952) Argentina's flamboyant political leader.
Jiang Qing (1913–1991) Wife of Communist Party Chairman, Mao Zedong and leader of the Gang of Four.
Eleanor Roosevelt (1884–1962) Humanitarian, social worker, civil-rights activist and First Lady.
Phyllis Schlafly (1924–) Antifeminist leader who helped defeat the ERA.
Gloria Steinem (1934–) Feminist journalist and founding editor of *Ms.* magazine.
Daw Aung San Suu Kyi (1945–) Winner of the 1991 Nobel Peace Prize for her fight for democracy in her homeland of Burma.
Mother Teresa (1910–1997) Devoted her life to the world's poor and sick.
Margaret Thatcher (1925–) First woman Prime Minister of Great Britain.

WRITERS & JOURNALISTS

Maya Angelou (1928–) Author of poetry and autobiographies about life as an African-American woman.
Hannah Arendt (1906–1975) Political writer who wrote about Nazism.
Helen Gurley Brown (1922–) Author of *Sex and the Single Girl* and creator of the *Cosmo* girl.
Rachel Carson (1907–1964) Writer, scientist and environmentalist.
Agatha Christie (1890–1976) Popular murder-mystery writer.
Simone de Beauvoir (1908–1986) Wrote *The Second Sex*, an encyclopedic survey of womanhood.
Anne Frank (1929–1945) Her diary captured the experience of a victim of the Holocaust.



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Betty Friedan (1921–) Co-founder of the National Organization for Women and author of *The Feminine Mystique.*
Ann Landers (1918–) Advice columnist whose syndicated column reaches over 90 million readers.
Margaret Mead (1901–1978) Anthropologist and author who spoke out on many social issues.
Margaret Mitchell (1900–1949) Author of *Gone with the Wind*
Toni Morrison (1931–) Winner of the 1993 Nobel Prize for Literature.
Dorothy Parker (1893–1967) Best known for her witty contributions to *Vanity Fair* and *The New Yorker.*
Sylvia Plath (1932–1963) A poet whose writings were vivid reflections of her emotions and personality.
Gertrude Stein (1874–1946) Influential writer, critic and patron of the arts.
Barbara Walters (1927–) TV journalist known for her many intimate interviews with the famous.
Laura Ingalls Wilder (1867–1957) Known for her popular young-adult classic series that includes *Little House on the Prairie.*
Virginia Woolf (1882–1941) British writer who wrote about experiences of women.

DOCTORS & SCIENTISTS

Virginia Apgar (1909–1974) Obstetric anesthesiologist and developer of the Apgar test.
Helen Caldicott (1938–) Brought awareness to the public about the dangerous effects of nuclear weapons.
Marie Curie (1867–1934) Winner of two Nobel Prizes for her discoveries in physics and chemistry.
Rosalind Franklin (1920–1958) Molecular biologist recognized for her significant role in the study of genetics.
Jane Goodall (1934–) British animal behaviorist whose work revolutionized the scientific study of animals in the wild.
Grace Hopper (1906–1992) A major figure in the computer revolution.
Melanie Klein (1882–1960) British psychoanalyst whose methods remain fundamental to child psychology today.
Mary Leakey (1913–1996) Archaeologist who made significant discoveries in regard to human evolution.
Barbara McClintock (1902–1992) One of history's most dedicated and important geneticists. *(continued on page 8)*

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Katie

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A TOAST TO ONE SPE... WOMA... ANO...

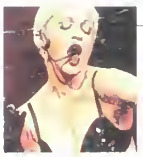


Barbara Walters ... the ... and the ... person to ... interviewed by. ... such a superb ... can't help ... her. And, actually, ... love her. —*Betty Ford*

Oprah Winfrey



"Oprah is really as tough as steel and as tender as a rose. Her vulnerability makes her accessible. And her strength makes us trust her." —*Maya Angelou*



Madonna

"She was clearly nobody's victim. We want the right to be sexual, you know, to be sensual, to be sexually assertive. She was using sex and being in control of sex—and that was rare." —*Gloria Steinem*

Hillary Clinton



"Hats off to Hillary —she is a great woman, a great mind and a great spokesperson for some of the major issues in the world today." —*Jane Fonda*



Rosa Parks

"She was the right woman at the right time who just exercised ... courage. She sat ... Montgomery ... Edelman

THE MOST IMPORTANT WOMEN

Continued from page 58

Lise Meitner (1878–1968) Her research and experiments led to the development of the atomic bomb and nuclear power.

ENTREPRENEURS

Coco Chanel (1883–1971) Designer who created the modern style of dressing.
Julia Child (1912–) Cookbook writer who popularized gourmet cooking.
Elsie de Wolfe (1865–1950) America's first professional interior decorator.
Katharine Graham (1917–) Best known for her role in Watergate as president and publisher of *The Washington Post.*
Ruth Handler (1916–) Creator of the Barbie doll.
Estée Lauder (1908–) Co-founder of her family's billion-dollar cosmetic business.
Jean Nidetch (1923–) Founder of Weight Watchers International.
Mary Quant (1934–) Fashion designer who popularized the miniskirt.
Martha Stewart (1941–) Domestic doyenne whose expertise includes entertaining, gardening and crafts.
Oprah Winfrey (1954–) Highly influential talk-show host.

ARTISTS & ENTERTAINERS

Marian Anderson (1902–1993) Great African-American contralto.
Lucille Ball (1911–1989) First Lady of TV sitcoms.
Margaret Bourke-White (1904–1971) *Life* magazine's pioneering photojournalist.
Maria Callas (1923–1977) The most adulated opera singer of the century.
Isadora Duncan (1878–1927) The founder of modern dance.
Ella Fitzgerald (1917–1996) Great jazz singer and stylist.
Jane Fonda (1937–) Succeeded as an actress, activist and fitness guru.
Greta Garbo (1905–1990) One of Hollywood's greatest icons.
Martha Graham (1894–1991) Modern dance's most important figure.
Katharine Hepburn (1907–) Oscar-winning actress.
Billie Holiday (1915–1959) Blues/jazz singer who influenced American music.
Janis Joplin (1943–1970) Rock-and-roll's first female superstar.
Frida Kahlo (1907–1954) Painter most noted for her powerful self-portraits.
Dorothea Lange (1895–1965) Photojournalist who captured scenes of the Great Depression and World War II.
Madonna (1958–) Entertainer who is a master at marketing herself.
Marilyn Monroe (1926–1962) An icon of sexuality combined with vulnerability.
Georgia O'Keeffe (1887–1986) Artist known for her paintings of flowers and Southwest landscapes.
Mary Pickford (1893–1979) Silent-screen star and entertainment entrepreneur.
Leni Riefenstahl (1902–) Documentary filmmaker to the German Nazi Party.

ATHLETES

Nadia Comaneci (1961–) Olympic gymnast who popularized the sport.
Babe Didrikson (1914–1956) Multitalented Olympic athlete who won more medals than any other athlete of her era, male or female.
Gertrude Ederle (1906–) Olympic gold-medal winner who was the first woman to swim across the English Channel.
Sonja Henie (1912–1969) Olympic medalist, ten-time world-champion figure skater and Hollywood star.
Billie Jean King (1943–) Tennis champion.
Suzanne Lenglen (1899–1938) Six-time champion of both Wimbledon and the French Open.
Wilma Rudolph (1940–1994) Track-and-field star.



LHJ's *100 Most Important Women of the 20th Century* magazine is available on newsstands now, or call toll-free, 800-544-6748. The cost is $5.95, plus $2.50 shipping and handling.

PIONEERS & ADVENTURERS

Nancy Brinker (1946–) Her mission to eradicate breast cancer began with her establishing the Susan G. Komen Foundation in honor of her sister.
Diana, Princess of Wales (1961–1997) Known for her beauty, style and works of charity.
Amelia Earhart (1897–1937) The first woman to fly solo across the Atlantic.
Betty Ford (1918–) First Lady who spoke out about breast cancer and addiction.
Helen Keller (1880–1968) A symbol of triumph over physical disability.
Maria Montessori (1870–1952) Italy's influential educator.
Jane Roe (1948–) Her challenge of a Texas law led to the historic ruling to legalize abortion.
Margaret Sanger (1883–1966) As a midwife and nurse, she educated American women on birth control.
Valentina Tereshkova (1937–) Russian cosmonaut who was the first woman to travel in space.



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CHICKEN DINNER FOR THE SOUL

I wanted to make my mother a meal so special she'd forget all about her illness

By Jennifer Moses


Jennifer's mom—still cooking

The night I had my mother over for dinner, my oven caught fire.

I was at home with my four-year-old, Sam, my new twins, Rose and Jonathan, and two kids from across the street. Five minutes after I put the dinner in, I smelled smoke. Then there was this whooshing sound, and through the oven-door window, I saw flames. I turned off the oven and the fire died out quickly, but I still had one small problem—other than the fact that my kitchen was filled with smoke.

My mother and aunt would be here soon (my dad was out of town). And even though they were [illegible] meaning that I didn't [illegible] I really, really [illegible] a nice [illegible] one [illegible] Julia Child and James Beard.

For my mother had recently been diagnosed with ovarian cancer. This was the same mother who had nursed me through countless colds and emotional crises, written a poem in honor of my wedding and skipped out on her own summer vacation so she could help me after the birth of the twins.

This was the same mother who drove me so crazy with her attentions toward me and my children that I often found myself in tears, whining to my husband about this mother who loved me so much. Now I went around the house saying, "Mom has cancer, Mom has cancer," as if, by repeating these words, I might somehow come to understand what they meant. But I didn't; I only knew that the order of the universe had shifted while I wasn't looking.

Several weeks after my mother completed her first round of chemotherapy, I had decided I wanted to make her a nice dinner. How many meals had she made for me—one million? Two million? Mom was a marvelous cook, instinctual and always inspired. Whereas I had rarely cooked for her, and then not with great success.

As the weeks went on, and I saw my mother's skin turn to ashen yellow, and her fingers become so bony that her wedding band slipped off, and her eyes become wide and blank with physical agony, it began to dawn on me that there was nothing I could say or do that would make a whit of difference.

And yet my *(continued on page 72)*

Chicken in Orange Sauce with Assorted Other Things from the back of the Refrigerator

Chicken
Soy sauce (check supply of Chinese takeout packets)
Frozen orange juice
Honey (jar from last Christmas is too stuck to open)
Olive oil (virgin? extra-virgin? Deflowered?)
Rutabaga, eggplant, bell peppers—doesn't matter, the kids won't eat it anyway
Instant rice
Black beans (canned, of course)
Whatever's in the fridge (check for fuzzy spots)
Big bottle of wine for the chef!

Now he'll be able to find his yellow striped shirt which goes so nicely with his plaid bermuda shorts.





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daughter, as a cook. And even though I kept trying to put my life in perspective, I just kept sinking back into this morass of anxiety. When my husband, taking off his coat in the entryway, said, "What's for dinner, Jen? It smells like smoke in here," I burst into tears.

A few minutes later, my mother and aunt walked in the door, looking oddly like two coeds who'd snuck out of the girls' dormitory to meet their boyfriends at a local bar. "Would you like something to drink, perhaps some wine or a cocktail?" I asked my guests. "No," my mother said, "but it sure looks like you need something."


Jennifer, author and chef

"I'm on a new diet," Mom said. "The chemotherapy weight-loss diet"

Well, yes, I did, and the wine helped. Amazingly, the meal wasn't any worse for wear; the slightly smoky flavor that the explosion had given the chicken and vegetables actually enhanced them. The recipe I used was one my mother had taught me a long time ago. Like so many of her creations, its brilliance lies in the fact that it is the culinary equivalent of a no-brainer: Combine soy sauce, honey and orange juice in roughly equal proportions, pour it over your chicken and cook it.

Mom wouldn't be whipping up any gourmet meals for a long time, though maybe never again. Even so, I told myself that she was going to be okay. After all, if anyone knew how bossy she was, God did, so why would He want her hanging around?

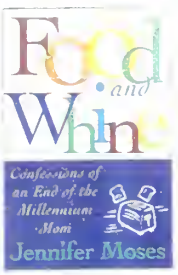
"I'm kind of on a new diet," Mom said as I watched her pick at her food. "The chemotherapy weight-loss diet. I guess I'm finally going to lose some of the weight I've been meaning to take off." Then she ate, if slowly. She managed to swallow most of the chicken, some of the vegetables, and even a little rice and beans. She drank a glass of wine, then had a sliver of apple-peach pie.

That night at dinner, we were all optimistic. Mom had hair; she cracked jokes; she ate. As she and my aunt were leaving, she threw her arms around me and said that the meal was as delicious as any she'd ever had. And I knew that—in her great generosity—she meant it. But the food I'd prepared was nothing more than food, when what she needed was something much stronger, something more potent and all-encompassing.

As I watched her disappear down the front walk and then into the car, I wanted nothing more than to be standing in her kitchen, watching her adjust the seasonings in a pot of simmering stew, or take a taste of cake batter and say, "Who wants to lick the spoon?" I wanted her to be well again. ●

Jennifer Moses has written for The Washington Post, The New York Times and Bon Appétit.

See page 75 for Whirlpool's Contest to Reward Moms for a Job Well Done.



LHJ SPECIAL OFFER

Jennifer Moses' newly released book, Food and Whine: Confessions of an End of the Millennium Mom, is a poignant and sidesplitting chronicle of motherhood today. By special arrangement with Simon & Schuster, this 224-page hardcover book sells for $30.

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TOOTHPASTE UPDATE

The Orajel Dental Report

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	Yes	No
1. Recently my teeth have become sensitive and painful when I have hot coffee or cold foods.	❑	❑
2. I want a sensitive teeth toothpaste that really works to relieve pain.	❑	❑
3. I'd like a sensitive teeth toothpaste with more cavity-fighting fluoride than Sensodyne.	❑	❑
4. I want my sensitive teeth toothpaste to taste good.	❑	❑







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WEEKEND PROJECT

TILE BY FIRE

Create a brand-new look for your fireplace by sprucing up the surround (the front surface area) with a turn-of-the-century-style tile treatment. First, pick out a type of tile—large rectangles have retro appeal and are great for amateurs because of their simple shape—and ask the clerk for the proper amount to fit your fireplace's dimensions. You'll also need to purchase a trowel, adhesive (use the kind recommended by the tile manufacturer), and strips of bullnose tile (with a rounded edge) for the trim. Ask the store if you can rent a tile scorer, the tool used to cut tiles.

At home, secure the tiles to the surround with adhesive, beginning at the center of the opening to the fireplace and working outward in a brick-wall pattern. Stop occasionally to make sure the tiles are lining up, and wipe up any excess adhesive with a damp cloth. Once you've reached the edge of the area with full tiles, fill in extra spaces with cut ones. Finish off the fireplace's opening and outside edge with the bullnose trim. If yours is a nonworking fireplace, you can trim the edge with wood instead.

IT'S A FACT: OVER SEVEN MILLION MORE AMERICAN FAMILIES OWNED HOMES IN 1998 THAN DID FIVE YEARS AGO. NOW A RECORD 66 PERCENT OF US CAN TRULY CALL OUR HOME OUR OWN.

Q I'm looking for artwork that reflects my style and fits my tight budget. How can I find affordable pieces?



Katie Brown's SOLUTION

A Instead of searching through galleries and print shops, showcase art you already own. Displaying old record jackets in simple frames is a definite style statement—album covers have great graphics for conversation starters. Or scavenge photos from art books or calendars; framed, they take on a sophisticated look. Depending on the picture's size, you may have to invest in a professional framing job, but first check housewares stores. IKEA, for example, makes inexpensive picture frames in nonstandard sizes.

picking up roots

As we enter the spring season—the time of year when plants begin their annual growth cycle—it's a good idea to move old houseplants to bigger quarters, says Larry Hodgson, author of *Houseplants for Dummies* (IDG Books, 1998). Over time, plants run out of root space, and potting soil decomposes or gets contaminated. If you notice a crust forming just above the soil line, or find that the soil dries out soon after watering, these are signs your plant is suffering.

To repot, choose a container one or two inches larger in diameter than the old one, and fill the bottom with all-purpose potting mix. Remove the plant by turning it upside down, using one hand to support the stem and soil. If the plant is stuck, run a dull knife around the pot's inside edge.

Place the plant in the center of the new pot, fill in with potting mix and compress the soil lightly. Water thoroughly, and keep the plant out of direct sun for a few days. For plants that are too large to repot, scrape away the top few inches of soil and replace with fresh potting mix.

—Arricca Elin SanSone

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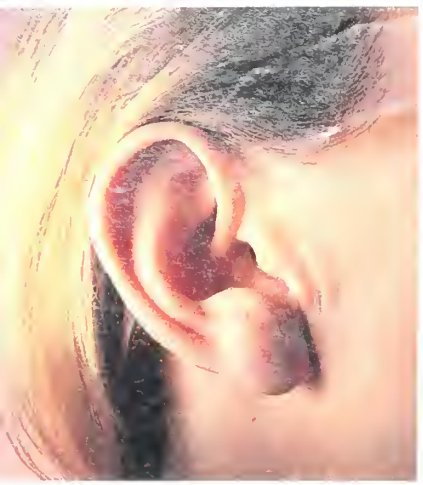
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THINK SOME BODILY FUNCTIONS ARE JUST TOO GROSS TO DISCUSS WITH YOUR DOCTOR? TO MAKE IT EASIER, WE ASKED TOP MEDICAL EXPERTS THE THINGS YOU REALLY NEED TO KNOW

BY BETH HOWARD

TOO EMBARRASSED TO ASK?

Q: I keep getting fishy-smelling infections. I take all the antibiotics my doctor prescribes, but a few weeks later the problem is back. What should I do?

A: It depends on what you were diagnosed with. Both bacterial vaginosis and trichomoniasis can produce a fishy-smelling vaginal discharge and are cured with antibiotics. Trichomoniasis can be transmitted sexually, and you can be reinfected if your partner is not treated at the same time, says Sharon Hillier, Ph.D, associate professor in the department of obstetrics, gynecology and reproductive services at the University of Pittsburgh. The infection can be easy to miss in men because they often have no symptoms.

However, if you are repeatedly diagnosed with bacterial vaginosis—which is caused by an overgrowth of [illegible] bacteria—you may be doing something that disturbs the vaginal ecology, such as douching. Discuss your doctor's concern with your [illegible] to pinpoint the

Q: I have to eat mints all day to combat my bad breath. What could be causing it to smell so foul?

A: Bad breath, or halitosis, has several causes, including certain foods (such as garlic or onions), tooth decay, gum disease, smoking and certain medical conditions such as respiratory infections. A dentist can help you identify the source of the problem and suggest cures.

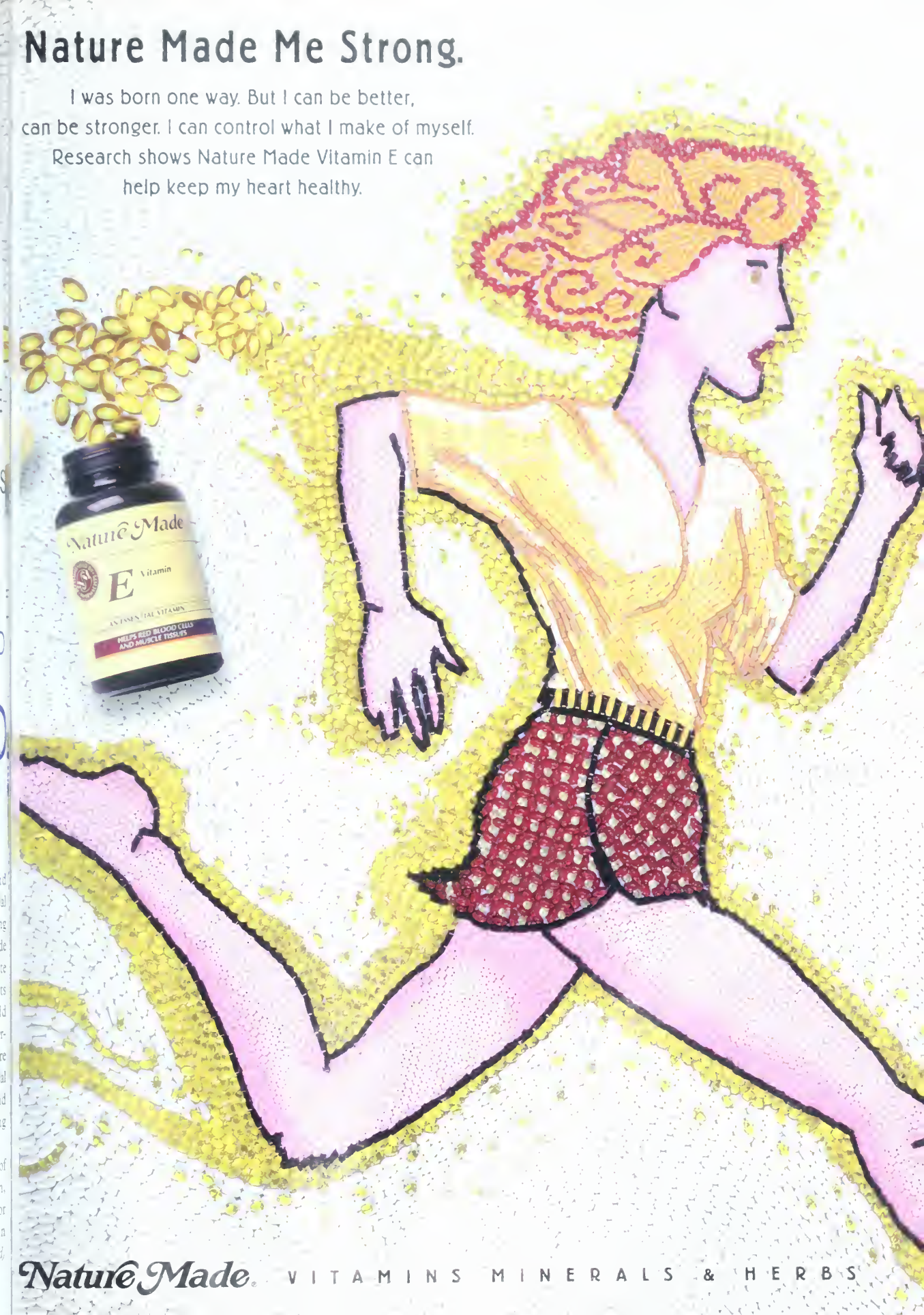
The most common source of halitosis is poor oral hygiene. Food particles can get lodged between the teeth or in crevices on the tongue, where they decay, collecting bacteria that cause plaque and odor.

To combat the problem and protect teeth, the American Dental Association recommends brushing your teeth twice a day with a fluoride toothpaste for at least one minute and flossing once a day. Dentists urge concerned patients to add tongue brushing to the regimen. Ordinary mouthwashes offer little more than a quick fix, but an antimicrobial mouth rinse can kill bacteria and help reduce plaque. And chewing parsley is a natural breath freshener.

Bad breath can also be a sign of an underlying medical condition, such as sinusitis, postnasal drip or diabetes. In rare cases, halitosis can be caused by liver or *(continued)*

Nature Made Me Strong.

I was born one way. But I can be better,
can be stronger. I can control what I make of myself.
Research shows Nature Made Vitamin E can
help keep my heart healthy.



Nature Made® VITAMINS MINERALS & HERBS

illnesses. If your doctor can't pinpoint the cause of your problem, schedule an appointment with your doctor to explore these possibilities.

Q: Lately I've noticed large, dark clumps of blood during my period. Should I be worried?

A: Most often, such clots simply mean that blood has stayed in one place for more than a few minutes, says Kathleen Fitzgerald, M.D., a clinical assistant professor of obstetrics and gynecology at Brown University, in Providence, Rhode Island. Sometimes women experience an increase in clotting after giving birth, which stretches the uterus, creating more surface area where blood can linger. Benign fibroid tumors may also stretch the uterus and increase clotting as they grow. If you notice a sudden change or you have clots for more than a day or two during your period, see a doctor to determine the exact cause and any necessary treatments.

Q: My toenails are yellow and cracked. I was thinking of trying one of those antifungal creams. Do they work?

A: Toenail fungus (onychomycosis) affects one in five people. The condition is generally not serious for those who are otherwise healthy, but the symptoms—discoloration, thickening and even shedding of the nail—can cause embarrassment and irritation. Unfortunately, the condition is quite difficult to eradicate since the problem recurs in 15 to 25 percent of cases. The cream preparations alone can lessen symptoms but are not effective cures. [illegible] hard oral medication [illegible] to work, and [illegible] damage in rare cases.

[illegible] here's good news for [illegible] and infer pre- [illegible] can cure nail fun- [illegible] include



MEDICATION MAY MAKE IT EASIER FOR COLD-SORE SUFFERERS TO SMILE

itraconazole (Sporanox), terbinafine (Lamisil) and fluconazole (Diflucan). But even these medications have drawbacks: They are expensive, it takes an average of three months before the condition clears up, and recurrences are possible.

Q: Sometimes, I pass gas from my vagina after sex. How can I prevent this?

A: During sexual intercourse, air can easily become trapped in the vagina's internal cavities, says Fitzgerald. The position of your body during sex is often the cause. Usually, trapped air is not a health threat, so you can choose to ignore it. But if the embarrassment is interfering with lovemaking, try determining which positions are to blame, then experiment with others. The problem can also happen when pelvic and vaginal muscles become lax. Ask your doctor about Kegel exercises to tone these muscles.

Keep in mind that air trapped in the vagina can be dangerous right after the birth of a baby because an air bubble or embolism may form and block the bloodstream. That's one reason why doctors advise waiting at least six weeks after delivery to have intercourse (although the greater risk is infection).

Q: My husband has a bad case of athlete's foot. Should I make him wear socks to bed so I don't catch it?

A: It's unlikely you'll get it even your feet touch his. The fungus th causes red, itchy, flaking and crac ing skin on the feet and between th toes is only slightly contagiou However, it thrives in warm, moi places, where it can build up to a infectious amount. You do stand good chance of catching it fro your husband or anyone else if yo share towels or walk around bar foot in showers or locker rooms. T prevent athlete's foot, wear flip-flop in these areas. Keep your feet cle and dry and choose cotton or wo socks rather than nylon.

The condition is six to eigh times more common in men than i women, says Jerome Z. Litt, M.D assistant clinical professor of derm tology at Case Western Reserv University, in Cleveland. If you d velop athlete's foot, dry your fe carefully after washing and apply a over-the-counter antifungal produc

Q: I'm having more cold sores than ever, and my lips are killing me! What can I do about them?

A: About one in five Americans i infected with the herpes simple type I virus, which is responsibl for cold sores. It is contracte through direct contact with some one who has the virus or by shar ing his or her towel or utensils Once you acquire the virus, yo will always be subject to out breaks, which can be brought o by colds, fevers, sun exposure menstruation or plain old stress Once there was nothing to do bu wait for these unsightly an painful facial blisters to run thei course—usually in about a week But the drug penciclovir, whic was approved two years ago, now offers pain relief and faster heal ing. In clinical trials, people wit cold sores who took the new drug healed about *(continued on page 83)*

s it just forgetfulness...



Memory loss • Asking repeated questions • Trouble using words

When signs like these begin to affect everyday fe, they may not be a part of normal aging. They may be signs of Alzheimer's disease, an ncurable, progressive illness that robs patients nd their families of a lifetime of memories.

Today, however, the outlook for many is ecoming more hopeful. ARICEPT® is a linically proven, once-a-day prescription nedicine available to treat symptoms in atients with mild to moderate Alzheimer's lisease. Already, over 625,000 patients in he United States have begun ARICEPT herapy.

ARICEPT® is well tolerated, but some people do experience side effects like nausea, liarrhea, insomnia, vomiting, muscle cramps, atigue, and loss of appetite. In clinical studies, these effects were generally mild, temporary, and went away with continued ARICEPT® use; 2% of people taking ARICEPT® experienced fainting.

Only a doctor can evaluate symptoms such as forgetfulness and diagnose Alzheimer's disease. Speak to a doctor ***today*** about the benefits of ARICEPT® in treating Alzheimer's disease.

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(donepezil HCl)
5 MG AND 10 MG TABLETS

TODAY'S TREATMENT FOR ALZHEIMER'S DISEASE

To learn more, call toll-free today.
1-888-999-9616 ext. 71

Please see additional important product information on accompanying page.

...should inform their doctor.

...HCl 5 MG AND 10 MG TABLETS

...ZITEM RX ...DISEASE

INDICATIONS AND USAGE ARICEPT® is indicated ...

CONTRAINDICATIONS ARICEPT® is ...

...hypersensitivity to piperidine derivatives ...

...Anesthesia ...likely to exaggerate succinylcholine-type muscle ...

...Cardiovascular ... their pharmacological action, cholinesterase ...potential for this action may be particularly ...at cardiac conduction conditions. Syncopal ...

...Gastrointestinal Conditions: Through their ...acid secretion due to increased cholinergic ...symptoms of active ...ulcer, gastrointestinal bleeding, ...with a history of ulcer disease or those receiving ...es of ARICEPT® have shown no increase, relative ...gastrointestinal bleeding. ARICEPT®, as a predictable ...produce diarrhea, nausea, and vomiting. These effects, ...y less than with the 5 mg/day dose. In most cases, these effects ...weeks, and have resolved during continued use of ARICEPT®.

Genitourinary ...of ARICEPT®, cholinomimetics may cause bladder outflow ...

...Neurological Conditions ...cholinomimetics are believed to have some potential to cause ...However, ...may be a manifestation of Alzheimer's Disease. ***Pulmonary Conditions:*** ...and other parasympathomimetics or cholinesterase inhibitors should be prescribed with care to patients ...

PRECAUTIONS Drug-Drug Interactions ***Drugs Highly Bound to Plasma Proteins:*** ...have been performed *in vitro* between this highly bound drug ...and the ...digoxin, warfarin, theophylline, or digitoxin. ARICEPT® at concentrations of 0.3-10 µg/mL did not ...the binding of ...(1 µg/mL digoxin, 2 µg/mL) and warfarin (3 µg/mL) to human albumin. Similarly, the ...binding of ARICEPT® ...was not affected by furosemide, digoxin and warfarin. ***Effect of ARICEPT® on the Metabolism of Other Drugs:*** ...have investigated the effect of ARICEPT® on the clearance of ...drugs metabolized by CYP 3A4 (eg, ...aprine, terfenadine) or by CYP 2D6 (eg, imipramine). However, *in vitro* studies ...show a low rate of binding to these enzymes (mean K_i about 50 -130 µM), that, given the therapeutic plasma ...concentration of donepezil (164 nM), indicates little likelihood of interference. Whether ARICEPT® has any potential for ...enzyme induction is not known. Formal pharmacokinetic studies evaluated the potential of ARICEPT® for interaction with ...phyllin, ...metidine, warfarin and digoxin. No significant effects on the pharmacokinetics of these drugs were ...observed. ***Effect of Other Drugs on the Metabolism of ARICEPT®:*** Ketoconazole and quinidine, inhibitors of CYP450, 3A4 and 2D6, respectively, ...donepezil metabolism *in vitro*. Whether there is a clinical effect of these ...inhibitors is not known. Inducers of CYP 2D6 and CYP 3A4 (eg, phenytoin, carbamazepine, dexamethasone, rifampin, and phenobarbital) could increase the rate of elimination of ARICEPT®. Formal pharmacokinetic studies demonstrated that the ...metabolism of ARICEPT® is not significantly affected by concurrent administration of digoxin or cimetidine. ***Use with Anticholinergics:*** Because of their mechanism of action, cholinesterase inhibitors have the potential to interfere with the activity of anticholinergic medications. ***Use with Cholinomimetics and Other Cholinesterase Inhibitors:*** A synergistic effect may be expected when cholinesterase inhibitors are given concurrently with succinylcholine, similar neuromuscular blocking agents or cholinergic agonists such as bethanechol. **Carcinogenesis, Mutagenesis, Impairment of Fertility** Carcinogenicity studies of donepezil have not been completed. Donepezil was not mutagenic in the Ames reverse mutation assay in bacteria, the chromosome aberration test in cultures of Chinese hamster lung (CHL) cells, some clastogenic effects were observed. Donepezil was not clastogenic in the *in vivo* mouse micronucleus test. Donepezil had no effect on fertility in rats at doses up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis). **Pregnancy** *Pregnancy Category C.* Teratology studies conducted in pregnant rats at doses up to 16 mg/kg/day (approximately 13 times the maximum recommended human dose on a mg/m² basis) and in pregnant rabbits at doses up to 10 mg/kg/day (approximately 16 times the maximum recommended human dose on a mg/m² basis) did not disclose any evidence for a teratogenic potential of donepezil. However, in a study in which pregnant rats were given up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis) from day 17 of gestation through day 20 postpartum, there was a slight increase in stillbirths and a slight decrease in pup survival through day 4 postpartum at this dose. The next lower dose tested was 3 mg/kg day. There are no adequate or well-controlled studies in pregnant women. ARICEPT® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers** It is not known whether donepezil is excreted in human breast milk. ARICEPT® has not been studied in nursing mothers. **Pediatric Use** There are no adequate and well-controlled trials to document the safety and efficacy of ARICEPT® in any illness occurring in children. **ADVERSE REACTIONS Adverse Events Leading to Discontinuation** The rates of discontinuation from controlled clinical trials of ARICEPT® due to adverse events for the ARICEPT® 5 mg/day treatment groups were comparable to those of placebo-treatment groups, approximately 5%. The rate of discontinuation of patients who received 7-day escalations from 5 mg/day to 10 mg/day was approximately 3%. The most common adverse events leading to discontinuation, defined as those occurring in at least ...the incidence seen in placebo patients were nausea (1% [5 mg] and 3% [10 mg] vs 1% ...), diarrhea (1% [5 mg] and 3% [10 mg] vs 0% [placebo]), and vomiting (<1% [5 mg] and 2% [10 mg ...

Most Frequent Adverse Clinical Events Seen in Association with the Use of ...

...adverse events, defined as those occurring at a frequency of at least 5% in patient ...The overall profile are largely predicted by ARICEPT®'s cholinomimetic effects. These include ...muscle cramps, fatigue, and anorexia. These adverse events were often of mild ...ued ARICEPT® treatment without the need for dose modification. There is ...common adverse events may be affected by the rate of titration. An open-...who received placebo in the 15- and 30-week studies. These patients were ...ted. The rates of common adverse events were lower than those seen in ...controlled clinical trials and were comparable to those seen in patients ...at common adverse events following one week and six week titration ...

...ed Trials The events cited reflect experience gained under closely ...patient population. In actual clinical practice or in other clinical ...doses, dose reporting behavior, and the kinds of patients ...ADVERSE events were reported in at least 2% of patients in ...placebo-treatment difference was greater for ARICEPT®-assigned ...frequently in female patients and with advancing ...

Table 2. Adverse Events Reported in Controlled Clinical Trials in at Least 2% of Patients Receiving ARICEPT® and at a Higher Frequency Than Placebo-treated Patients

Body System/Adverse Event	Placebo (n=355)	ARICEP (n=74
Percent of Patients With Any Adverse Event	72	74
Body as a Whole		
Headache	9	10
Pain, Various Locations	8	9
Accident	6	7
Fatigue	3	5
Cardiovascular System		
Syncope	1	2
Digestive System		
Nausea	6	11
Diarrhea	5	10
Vomiting	3	5
Anorexia	2	4
Hemic and Lymphatic System		
Ecchymosis	3	4
Metabolic and Nutritional Systems		
Weight Decrease	1	3
Musculoskeletal System		
Muscle Cramps	2	6
Arthritis	1	2
Nervous System		
Insomnia	6	9
Dizziness	6	8
Depression	<1	3
Abnormal Dreams	0	3
Somnolence	<1	2
Urogenital System		
Frequent Urination	1	2

age. **Other Adverse Events Observed During Clinical Trials** ARICEPT® has been administered t... individuals during clinical trials worldwide. Approximately 1200 of these patients have been treated for at le... and more than 1000 patients have been treated for at least 6 months. Controlled and uncontrolled trials in the U... included approximately 900 patients. In regards to the highest dose of 10 mg/day, this population includes ... treated for 3 months, 475 patients treated for 6 months and 116 patients treated for over 1 year. The ran... exposure is from 1 to 1214 days. Treatment emergent signs and symptoms that occurred during 3 controlled ... and two open-label trials in the United States were recorded as adverse events by the clinical investig... terminology of their own choosing. To provide an overall estimate of the proportion of individuals having sim... events, the events were grouped into a smaller number of standardized categories using a modified COSTAR ... and event frequencies were calculated across all studies. These categories are used in the listing below. The ... represent the proportion of 900 patients from these trials who experienced that event while receiving AR... adverse events occurring at least twice are included, except for those already listed in Tables 1 or 2, COSTAR ... general to be informative, or events less likely to be drug caused. Events are classified by body system and list... following definitions: *frequent adverse events*—those occurring in at least 1/100 patients; *infrequent adver...* those occurring in 1/100 to 1/1000 patients. These adverse events are not necessarily related to ARICEPT® tr... in most cases were observed at a similar frequency in placebo-treated patients in the controlled studies. N... additional adverse events were seen in studies conducted outside the United States. **Body as a Whole**: *Frequent* ... chest pain, toothache, *Infrequent* fever, edema face, periorbital edema, hernia hiatal, abscess, cellulitis, chills, ... coldness, head fullness, listlessness. **Cardiovascular System**: *Frequent* hypertension, vasodilation, atrial ... hot flashes, hypotension, *Infrequent* angina pectoris, postural hypotension, myocardial infarction, AV block (fi... congestive heart failure, arteritis, bradycardia, peripheral vascular disease, supraventricular tachycardia ... thrombosis. **Digestive System**: *Frequent* fecal incontinence, gastrointestinal bleeding, bloating, epig... *Infrequent*: eructation, gingivitis, increased appetite, flatulence, periodontal abscess, cholelithiasis, div... drooling, dry mouth, fever sore, gastritis, irritable colon, tongue edema, epigastric distress, gastroenteritis ... transaminases, hemorrhoids, ileus, increased thirst, jaundice, melena, polydypsia, duodenal ulcer, stor... **Endocrine System**: *Infrequent* diabetes mellitus, goiter. **Hemic and Lymphatic System**: *Infrequen...* thrombocythemia, thrombocytopenia, eosinophilia, erythrocytopenia. **Metabolic and Nutritional O...** *Frequent*: dehydration, *Infrequent*: gout, hypokalemia, increased creatine kinase, hyperglycemia, weigh... increased lactate dehydrogenase. **Musculoskeletal System**: *Frequent*: bone fracture; *Infrequent*: muscle ... muscle fasciculation. **Nervous System**: *Frequent*: delusions, tremor, irritability, paresthesia, aggression, vert... increased libido, restlessness, abnormal crying, nervousness, aphasia, *Infrequent*: cerebrovascular accident, ... hemorrhage, transient ischemic attack, emotional lability, neuralgia, coldness (localized), muscle spasm, dysp... abnormality, hypertonia, hypokinesia, neurodermatitis, numbness (localized), paranoia, dysarthria, dysphasia, ... decreased libido, melancholia, emotional withdrawal, nystagmus, pacing. **Respiratory System**: *Frequent*: ... sore throat, bronchitis, *Infrequent* epistaxis, postnasal drip, pneumonia, hyperventilation, pulmonary co... wheezing, hypoxia, pharyngitis, pleurisy, pulmonary collapse, sleep apnea, snoring. **Skin and Appendages**: ... pruritus, diaphoresis, urticaria, *Infrequent*: dermatitis, erythema, skin discoloration, hyperkeratosis, alopec... dermatitis, herpes zoster, hirsutism, skin striae, night sweats, skin ulcer. **Special Senses**: *Frequent*: cat... irritation, vision blurred, *Infrequent*: dry eyes, glaucoma, earache, tinnitus, blepharitis, decreased hearin... hemorrhage, otitis externa, otitis media, bad taste, conjunctival hemorrhage, ear buzzing, motion sickness, sp... eyes. **Urogenital System**: *Frequent*: urinary incontinence, nocturia, *Infrequent*: dysuria, hematuria, urinar... metrorrhagia, cystitis, enuresis, prostate hypertrophy, pyelonephritis, inability to empty bladder, breast fibro... fibrocystic breast, mastitis, pyuria, renal failure, vaginitis. **Postintroduction Reports** Voluntary reports ... events temporally associated with ARICEPT® that have been received since market introduction that are not lis... and that there is inadequate data to determine the causal association with the drug include the following: abdom... agitation, cholecystitis, contusion, convulsions, hallucinations, heart block, hemolytic anemia, hypo... pancreatitis, and rash. **OVERDOSAGE Because strategies for the management of overdose are co... evolving, it is advisable to contact a Poison Control Center to determine the latest recommenda... the management of an overdose of any drug.** As in any case of overdose, general supportive measures ... utilized. Overdosage with cholinesterase inhibitors can result in cholinergic crisis characterized by severe ... vomiting, salivation, sweating, bradycardia, hypotension, respiratory depression, collapse and convulsions. ... muscle weakness is a possibility and may result in death if respiratory muscles are involved. Tertiary anticholiner... as atropine may be used as an antidote for ARICEPT® overdosage. Intravenous atropine sulfate titrated to ... recommended: an initial dose of 1.0 to 2.0 mg IV with subsequent doses based upon clinical response. Atypical ... blood pressure and heart rate have been reported with other cholinomimetics when co-administered with gu... cholinergics such as glycopyrrolate. It is not known whether ARICEPT® and/or its metabolites can be rem... (hemodialysis, peritoneal dialysis, or hemofiltration). Dose-related signs of toxicity in animals included ... taneous movement, prone position, staggering gait, lacrimation, clonic convulsions, depressed res... miosis, tremors, fasciculation and lower body surface temperature. **DOSAGE AND ADMINISTRAT...** ARICEPT® shown to be effective in ...trolled clinical trials are 5 mg and 10 mg administered once ... clinical trials indicate that the 10 mg dose, with a one week titration, is likely to be associated with ... cholinergic adverse events than the 5 mg dose. Because steady state is not achieved for 15 days and bet... such effects may be influenced by the rate of dose escalation, treatment with a dose of 10 mg shou... until patients have been on a daily dose of 5 mg for 4 to 6 weeks. Whether or not to employ a dose of ... prescriber and patient preference. ARICEPT® should be taken in the evening, just prior to retiring, an... take ...without food.

Revised September, ...

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E...049A39

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Table 1. Comparison of Rates of Adverse Events in Patients Titrated to 10 mg/day Over 1 and 6 Weeks

	No titration		One-week titration	Six-week titration
Adverse Event	Placebo (n=315)	5 mg/day (n=311)	10 mg/day (n=315)	10 mg/day (n=269)
Nausea	6%	5%	19%	6%
Diarrhea	5%	8%	15%	9%
Insomnia	6%	6%	14%	6%
Fatigue	3%	4%	8%	3%
Vomiting	3%	3%	8%	5%
Muscle Cramps	2%	6%	8%	3%
Anorexia	2%	3%	7%	3%

EMBARRASSED TO ASK?

ued from page 78

day sooner and experienced
liscomfort than those who got
cebo treatment

m mortified. The last
my husband and I had
I noticed a slight loss of
e. What can I do?

most 70 percent of women with
tinence experience urine leakage
g sexual intercourse; one third
the problem during orgasm it-
But just because it's common
't mean you have to live with it.
Romanzi, M.D., a urogynecol-
m New York City, suggests dis-
ng the following self-help
ures with your doctor:

nt water to eight glasses a day.
t down on alcohol and caffeine
mption.
ain your bladder to hold more
adually increasing the intervals
een urination.
rn Kegel exercises to strengthen
elvic-floor muscles.
these methods don't help, talk to
doctor about drugs to relax the
ler and ease the involuntary con-
ons that can occur with orgasm.

seem to be sweating a
–and it's not hot flashes.
at can I do about the
ul underarm odor?

Underarm odor is caused by the
rine glands, which secrete a sub-
ce that mixes with bacteria and
es odor. Stress can increase
e secretions—and some people
have more prolific apocrine
ds, says George Preti, Ph.D., a
ber of the Monell Chemical
es Center, a leading taste and
l research facility, and an ad-
t professor in the department of
natology at the University of
nsylvania, in Philadelphia.

he underarms have a high con-
ration of apocrine glands. For
t people, an application of over-
counter antiperspirant stops the
ating, dries the skin and kills
r-causing bacteria. Deodorants
the bacteria but don't stop the
sweating. Natural calcium and mag-
nesium carbonate stones, available in
some health-food stores, work by
neutralizing odor-producing com-
pounds. Shaving your underarm hair
also can help reduce problems be-
cause the hair retains odor.

Q: I sometimes have heavy vaginal secretions that are very sticky and stretchy. Do I have an infection?

A: Changes in the consistency of vaginal secretions are perfectly nor-
mal, according to Toni Weschler, M.P.H., author of *Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control and Pregnancy Achievement* (HarperPerennial, 1995). Right before ovulation, estrogen causes the cervical mucus to become more elastic—similar to raw egg whites—which makes it easier for sperm to travel through the reproductive tract and fertilize an egg. After ovulation, production of progesterone increases, causing the mucus to thicken, which slows sperm movement. Normal vaginal secretions are clear or white.

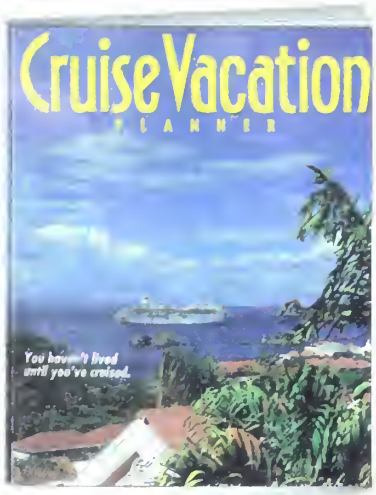
Q: What causes excessive ear wax, and how can I get rid of it?

A: Ear wax protects your ears from dust and bacteria. But in some people, too much wax is produced, which can cause hearing loss, ringing in the ears or earaches.

Unless you have had a perforated eardrum, you can safely remove excess wax. First, place a drop or two of baby or mineral oil into your ears daily for a few days to soften wax. Next, flush the ear with lukewarm water. Allow the water to drain, repeating until the wax falls out. To dry the ear, put an eyedropper full of rubbing alcohol into the ear and then allow it to drain. Never use cotton swabs to remove ear wax; they can damage the eardrum. •

Beth Howard is the [illegible] of "Mind Your Body: A Sexual Health and Wellness Guide for Women" (Griffin Trade, 1998).

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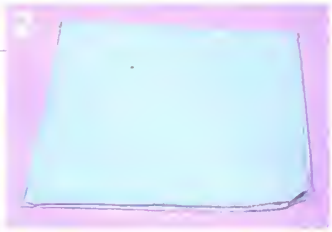
HOW TO

fold a fitted sheet

Fitted sheets are wonderful things, but the pockets are a paradox: They enable the sheet to stay taut through a night of tossing and turning, but they make folding a nightmare. Linda Rothschild, owner of Cross It Off Your List, in New York City, has a solution:



Lay the sheet pocket-side up, and poke your fingers into the corners to eliminate any bunching. Fold sheet in half, tucking each left pocket into each right one, as shown.



Fold in half again, top half to bottom. Smooth out any creases.



Fold one side in a third of the way, then fold the other side on top of it, as if you were folding a business letter.



Fold ends again, or in [illegible] make a [illegible] packet that [illegible] your [illegible] set shelves.

HOW TO

Fend Off a Snarling Dog

Nothing ruins a morning jog faster than an u-friendly dog. Enter Duane Pickel, of VonPick K-9, in Tallahassee, Florida, who trains dogs r the military and police. His tips may not mak a bad-tempered pit bull eat out of your hand, t they probably will prevent Fido from tattoo g toothmarks on your ankle.

DO stay calm. A dog can sniff out fear—litera An adrenaline dump changes the way you sm and like a traffic light switching from red o green, your scent tells an aggressive dog, Go!

DON'T run away—most dogs love to give cha Instead, walk confidently; a cowering posture e courages the dog to think, Hey, this one's *m*

DO shout *No!* as deeply and with as much a thority as you can muster. Then make sooth remarks like, "Okay, you be nice now, go hom

DON'T hit the dog. A dog's reaction time is ab 150 times faster than a human's—it's easier to o kick Jackie Chan than to outbox a boxer.

HOW TO

WALK LIKE A MODEL

Think Naomi's swivel-hipped slith comes easy? In fact, it practically requires a contortionist's skill. Catwalk coach Shailah Edmonds took us through the paces



—By Catherine Fredma

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as a unique gel layer fills in fine lines with Nutraceramide

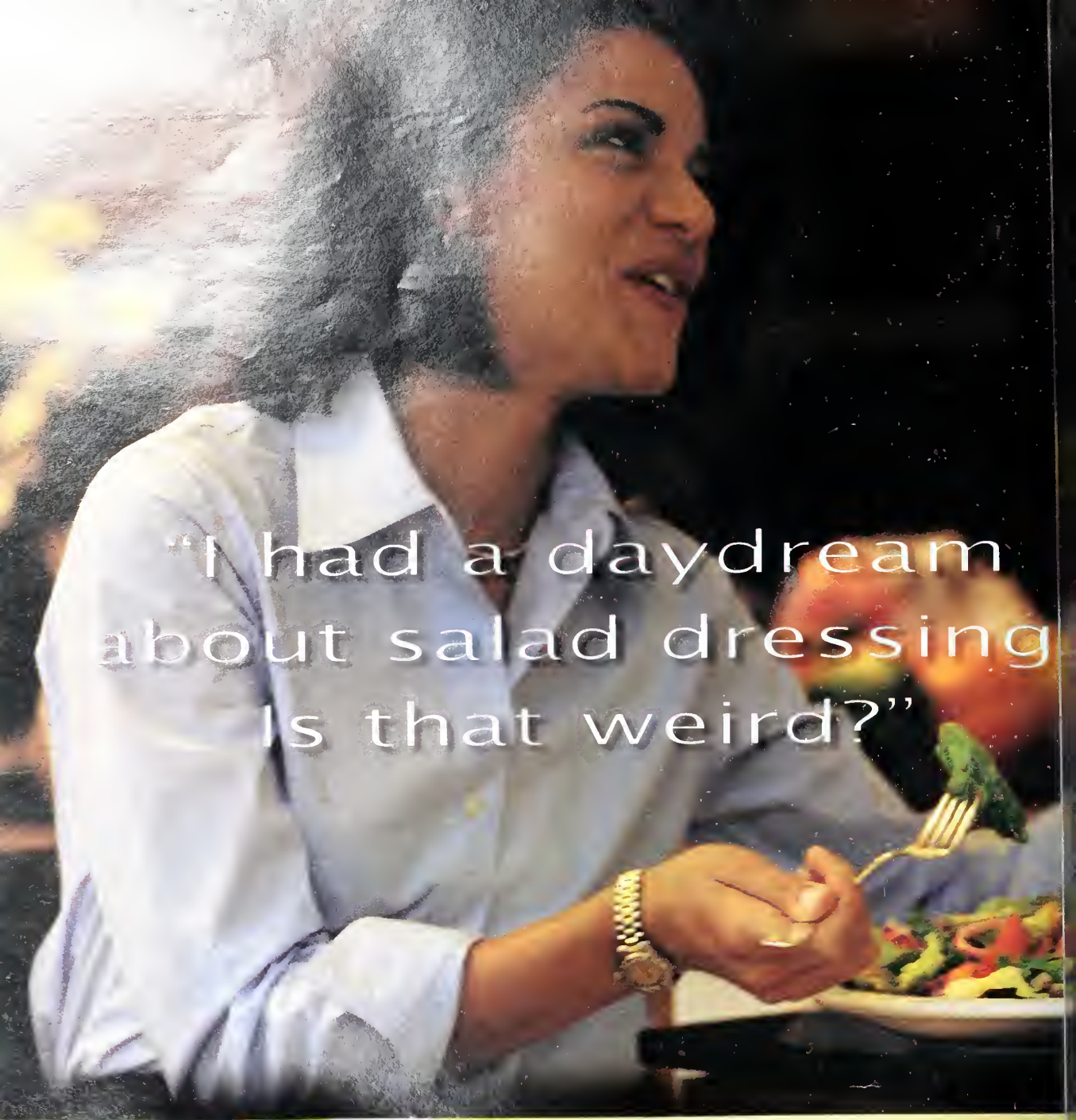
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WEEKEND, U.S.A.

Friday, June 12, 1998, 5:30 P.M. The long workweek is finally over—Americans nationwide heave a sigh of relief. More and more these days, it seems we live for the weekend—those too-fleeting moments when we can say good-bye to the grind and focus on ourselves and our families. But how exactly are Americans spending those precious forty-eight hours, we wondered? So on the second weekend last June, we sent a team of photographers to all parts of the country to see for ourselves. By Elizabeth Austin

FRIDAY, 8:45 P.M. THE SUMMER RENTAL

On warm nights like this one, the Loehrke family usually heads out to the video store to pick out an evening's worth of family entertainment. At sixteen, Nate's tastes lean toward the scariest selections his parents will allow. His sister, thirteen-year-old Carly, haunts the comedy aisles, while their parents, Mark Loehrke and Judy Johnson, hunt down foreign or arty films that didn't make it to the theater near their home in Kalamazoo, Michigan.

Although Mark was a film buff in college, he and Judy generally let the kids make the final choice—usually something blood-soaked and terrifying. But this night's feature—Charlie Chaplin's *City Lights*—was the parents' pick. "The kids humor us on occasion by watching these classic movies," *(continued)*









(continued) says Judy, "but sometimes they surpris themselves and end up liking them!"

FRIDAY, 8:40 P.M.
WALKING THE LABYRINTH

Joan McCune is a weekend pilgrim. One Fr a night each month, she joins similar souls in walk the labyrinth at Grace Cathedral, in San Francisc "You do a silent meditation while you're walki she explains. "It's therapeutic."

The cathedral's circuitous labyrinth is based o an ancient one at Chartres Cathedral in France, ated as a substitute for a pilgrimage to the H Land. Instead of traveling to Jerusalem, woul pilgrims simply walked prayerfully along labyrinth's path. Recently, the labyrinth has been discovered as a tool for contemplation; more th million people have walked the labyrinth at G Cathedral alone, and hundreds of other labyr sites have sprung up around the country.

Although meditation is generally a solitary Joan, twenty-eight, has made walking the labyrin family affair, taking along her husband, Patrick, their baby daughter, Sophia. "We always go tog er," she says. "Usually, my husband carries So in the backpack. As we walk, she just looks u the lights and the candles."

SATURDAY, 9:30 A.M.
HITTING THE BOOKS

Back in fourth grade, Jannel Diego was struggling to keep up with her class. She wasn't failing, but mother, Oslaida, was worried enough to sign up nel for private tutoring, at a learning center in Mia

Thanks to her twice-weekly tutoring sessions reading comprehension, Jannel—now an eleven-y old fifth grader—feels very secure in her skills. " has improved tremendously," says her mother.

Oslaida, thirty-four, was so impressed by Jann progress that she signed up seven-year-old Jesenia well. "Jesenia wasn't having problems, but I did want to risk it," she explains.

Tutoring isn't cheap; Oslaida and her husba

THE DREAM: TO SLEEP LATE AND RELAX. TH

Rafael, pay $567 each month for the two girls. Oslaida thinks the investment in her daughters' e cation is worthwhile—and, according to a *Newsw* poll, many people would agree. A full 42 percen Americans think there's a "great need" for child to receive private tutoring.

SATURDAY, 11:20 A.M.
DOING HOME DEPOT

"We're nesters," admits Trish Krotowski, a hor improvement addict in Kingston, New Jersey, w







makes Home Depot a regular stop on her weekly rounds. "I don't think it matters whether you buy a brand-new house or an old one. There are all these things you can do to make it yours."

Trish and her husband, Harry, have been fixing up their twenty-two year-old Dutch Colonial ever since they bought it eight years ago. Some of their projects have been strictly cosmetic, such as Trish's decision to replace all the "ugly old brown" doors in the house. Others have been more practical if less successful, like the time Harry decided to replace a toilet himself. "That was the beginning of a rather large home disaster," Trish recalls ruefully.

Now they leave the big jobs to professionals. When they go to Home Depot, Harry usually heads for the tools department, where he recently bought his third drill, while Trish browses in the gardening center. To stay in touch in the massive warehouse, they've developed special whistles. "That way we can find each other and swap the kid," their Home Depot resistant daughter, nine-year-old Meryl.

SATURDAY, 12:37 P.M.
THE BIG BIRTHDAY BASH

Once upon a time, young birthday guests were satisfied with a few rounds of musical chairs, a thick slice of chocolate cake and a couple of bright-colored balloons.

Those days are long gone. Just ask Carole Jablon, of Encino, California, who pulled out all the stops for her daughter Jordan's eighth birthday. "When you have a young child, birthday parties are really, really important," she says. So she hauled Jordan and twenty-five of her closest friends to the Children's Time Machine, a fantasy party palace in Beverly Hills. "The Time Machine provided invitations, birthday cake, pizza, video rides, climbing apparatuses, face painting, karaoke singing," Carole says. "They had it down to a science."

Although Jordan's party was pricey (a bit over $500), Carole points out that elaborate birthday festivities are considered a child's birthright in her

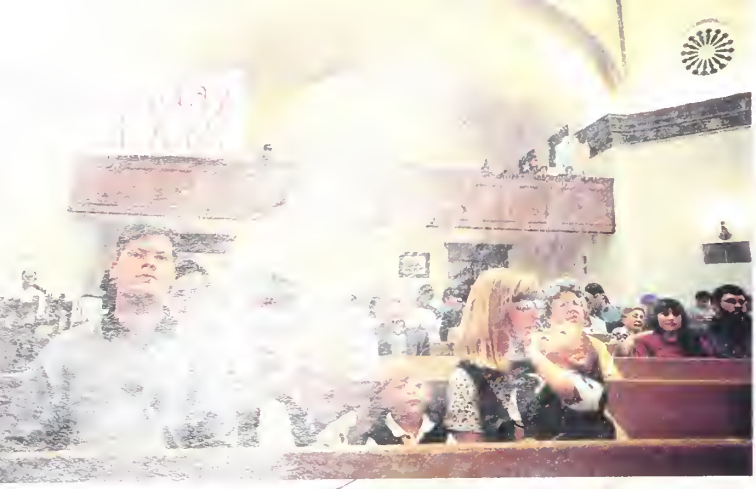
EALITY: WEEKENDS ABUZZ WITH ACTIVITY



neighborhood. "Jordan once went to the birthday of an actor's child," she recalls. "They had lifeguards running pool games, a tent with circus performers doing gymnastics, a guy making balloon animals, and a lineup of food carts, with snow cones, hot dogs, popcorn, cotton candy—the whole shebang."

SATURDAY, 1:45 P.M.
GOING EAST

Originally, writer Dixie Griffin Good was into yoga. Then she met Philip Good, an *(continued)*









(continued) aerospace engineer and part-tim ta chi teacher in Denver. "On one of our first d I went to a tai chi master's class with him," she says. "Isn't that romantic?"

Apparently so. The couple married four y ago, and since then she's become a tai chi ent ast. (This ancient Chinese form of exercise inv a series of slow, gentle movements that pro flexibility, balance and general fitness.) "It's r ing and rejuvenating," Dixie says. "I think i wonderful complement to aerobic exercise."

When the weather cooperates, Philip some holds his tai chi classes in a park near their h And not surprisingly, the Goods' two children following in their parents' slow, gentle foots "Our son, Griffin, is three," says Dixie. "Eve loves to do tai chi."

SATURDAY, 3:20 P.M.
AH, WILDERNESS

As high-school sweethearts, Tammy and Walther went camping together—with their par along to chaperone. Now parents themselves, make regular excursions to Virginia's Shenand National Park, just a few hours' drive from t home in Ashburn. "It's a fun family activity," Tammy, thirty-six. "We enjoy being outside."

Over the last ten years, the number of visitor our national parks is up by almost thirty mill Obviously, many of those visitors are drawn by parks' sheer natural beauty. But for the Walth there's another draw. "They have really neat kid programs," Tammy says. Indeed, her childr Robert, ten, and Amy, seven, have just earned Park Service's Junior Ranger badges.

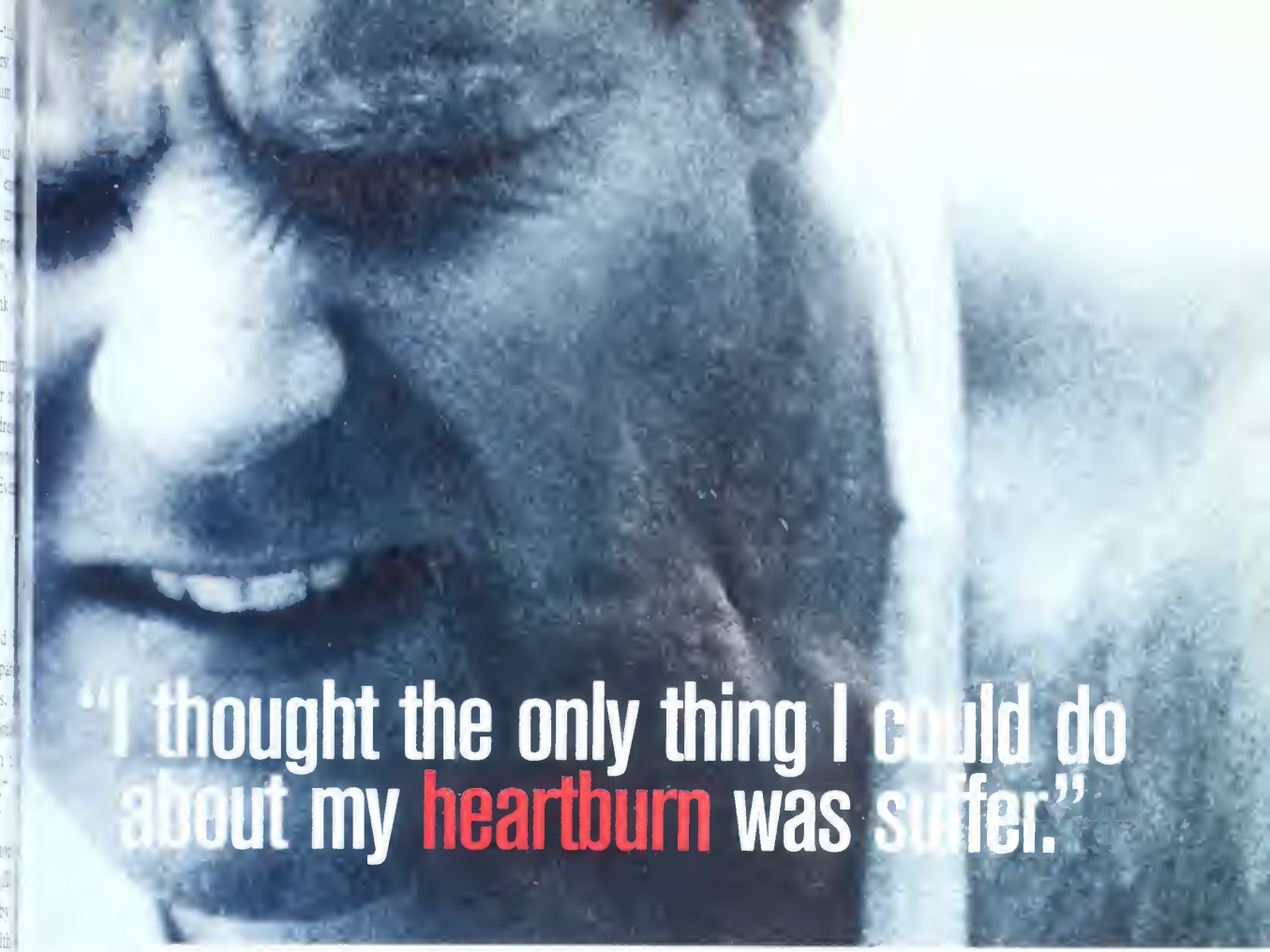
While the Walthers enjoy camping, they d particularly enjoying roughing it. "One weekend suddenly had severe thunderstorms," she says. we just went right up to that lodge and chec ourselves into a room."

SATURDAY, 4:50 P.M.
DANCING AWAY

Growing up, Kathleen Drew never really thou much about her Irish heritage. "My dad was a Patrick's Day Irishman," she says. But Kathlee own kids are getting a full dose of Celtic cult *Riverdance* style.

It all started seven years ago, when Kathlee daughter, Jennifer, then in first grade, signed for her first Irish dancing class—and got hook Since then, Jennifer—now fourteen—has advanc to national dance competitions, with a caseful trophies and a younger brother and sister s dancing right along.

During the week, Kathleen, forty-three, ferr Jennifer, John, eleven, and *(continued on page 9*



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you have heartburn twice a week or more? Whatever you take for it, do your mptoms never go away completely? Then stop taking chances. See your doctor. cause you may not have simple heartburn, but a more serious condition led reflux disease, or GERD. And you don't have to live with the in, sleepless nights and interruption to your daily life anymore. here are treatments now available which can give you complete lief. To find out more, call 1-800-HRT-BURN for a free video d brochure. (There is no obligation and no salesman will call.) nd see your doctor. The sooner you do, the better you'll feel.



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their home in Overland Park, Kansas. Susy and their daughter, fifteen-year-old Cassie, are romance fans, while Curt and eleven-year-old Bret like action flicks. So the megatheater, which boasts thirty screens, lets them all see the movies they like while still enjoying a little bit of family togetherness.

"At least this way, we can all get in the car together and go to the same place," Susy says.

Some critics say these monster theaters are putting smaller, more personal movie houses out of business, but Susy, thirty-eight, says her family loves their monthly movie date. The whole system works so well, in fact, that Susy can't quite remember the last time all four of them went to see the same film. "It's been a couple of years," she says hesitantly, "at least."

SUNDAY, 11 A.M.
BACK TO THE FOLD

When they were newlyweds, Sunday mornings were a time for Ken and Sandy Christensen to relax together and take things easy. "We'd lie in, and kind of lay around and not do a whole lot," remembers Sandy, twenty-eight.

But when their first son, Nicholas, turned three, the Christensens decided it was time to send him to Sunday school. "I realized he didn't know much about God or church," Sandy says. So they returned to their churchgoing roots, and started attending First Baptist Church in Omaha, Nebraska.

It has not always been easy to fit church into their hectic family schedule. The Christensens now have three children—Nicholas, now eight, Tyler, six, and Cameo, four—with another baby expected in July. But overall, Sandy says she's glad they went back. She's particularly grateful for the church's response earlier this year, when pregnancy troubles forced her to stay in bed for a few weeks. "People called, or sent notes, or put me on the prayer chain," she says. "So



nds brought over casseroles. Our rch is like a really big family."

NDAY, 1:45 P.M.
E HARD SELL

ıost every summer weekend, Shell nson, thirty-two, packs up her , her bag, her baby and her hus d and heads out to an arts fair. rtist Shell (short for Michelle) been on the arts-fair circuit for years, selling her whimsical, ght-colored pieces of paper jewel- called Paper Shells. "Half the fun naking art is selling it," she says. like to visit with the other artists get the customers' responses."

ler husband, Geoff, is a partner her business. But even with his manning the tent and minding nty-two-month-old Laura, it's still eling. The explosion in the num- of arts and crafts fairs has been rwhelming. And although Shell s she still enjoys visiting the lake- resort towns that hold arts fairs h year, she's starting to think ut exhibiting her work at more traditional galleries instead. "Ten years of every weekend in the summer can get old," she admits.

SUNDAY, 3:45 P.M.
THE GOSPEL WORKOUT

When Pam James first started doing aerobics, the music was disco and the role model was Jane Fonda. "You just wore your pink leg warmers and went for the burn," she remembers.

But after fifteen years of teaching aerobics, Pam—a thirty-eight-year-old mother of two in Grand Prairie, Texas—has developed her own style. She even has her own video, *Hip Hop to Black Gospel*, an exercise tape giving step-by-step instructions on the newest fitness trend, gospel aerobics.

Gospel music has a fairly slow beat, so Pam's routines aren't as quick and bouncy as traditional aerobics. "The steps are more dancey and choreographed," she says. For her video, she boosted the tempo on a few songs. "But you can't speed it up too much, or the singers start to sound like Alvin and the Chipmunks."

SUNDAY, 2:27 P.M.
A DESTINATION WEDDING

Every bride wants to feel special on her wedding day. But when Tami Sawyer, twenty-eight, of Boerne, Texas, became engaged to Ryan Hutchison, she decided to really go all out by taking her show on the road. Her choice: a beachfront wedding at the resort Kapalua Bay, on the island of Maui in Hawaii.

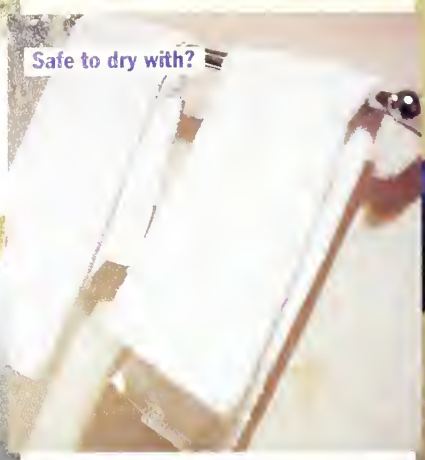
A few days before the wedding, the Sawyers and twenty-nine of their closest friends and family members headed to Maui for some prenuptial golf, snorkeling and scuba diving. On their wedding day, Tami says, "Everything was as beautiful as I'd hoped." Then the newlyweds took off for another part of the island, to enjoy some privacy while their guests kept on vacationing. "We told them, 'We don't want to see you on our honeymoon.'" •

Elizabeth Austin is a Chicago writer who spends her weekends playing chauffeur to her two daughters.





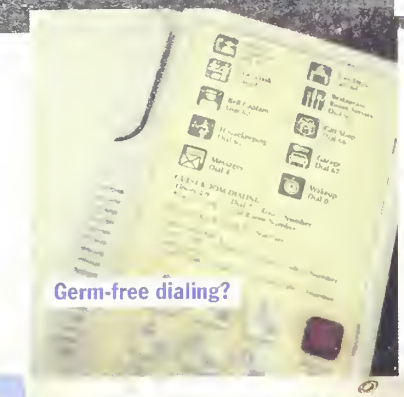
Is this room as pristine as it looks?



Safe to dry with?



Are key cards cleaner than metal keys?

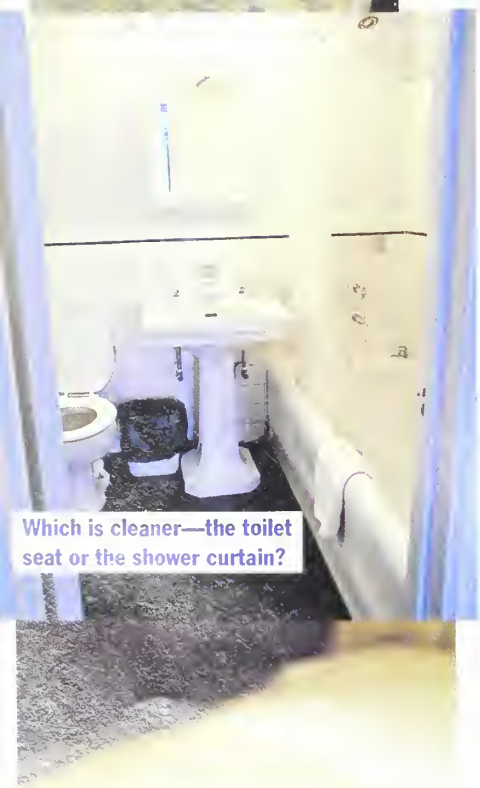


Germ-free dialing?

How clean is it

Hotel rooms always look ***clean*** *and* ***tidy****. But we found that* ***germs*** *can linger on beds, towels and more. Check out our report before you check in.*

By Anna Roufos



Which is cleaner—the toilet seat or the shower curtain?

For many people, leaving behind the dishes, the laundry, the vacuuming and other chores to stay in a hotel for a few days is almost as appealing as the trip itself. And most of us simply assume our lodgings will always be scrupulously clean. Think again.

Sure, germs are everywhere—but we wondered which ones the average traveler may actually *bring with* on vacation. To find out, LHJ had reporters test an average double room at three types of lodgings: an $85-a-night major chain hotel, a $270 luxury hotel and a $115 bed-and-breakfast. Sterile swabs in hand, our reporters collected samples from each room, then sent the swabs to Microbe Labs, a testing facility in Fort Lauderdale, Florida, for analysis. Although we were pleased to see that most of the items in these rooms came up clean (including the ice buckets, TV remote controls and alarm clocks), unfortunately, a few results did confirm our worst travel-germ fears. We also learned that paying more doesn't always guarantee you a more sanitary stay.

What We Found

ROOM KEY

Major chain: This key card came back clean.

Luxury hotel: We found a heavy growth of two kinds of bacteria on this key card, including yeast-like *Rhodotorula rubra*. Medically speaking, this is *(continued on page 105)*



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event most seasonal nasal allergy symptoms before start, begin treatment 2 to 4 weeks before the antici- start of the pollen season. It is important that you NASONEX® regularly, at the time recommended by physician, since its effectiveness depends on regu- e. NASONEX® treats both seasonal and year-round allergies. Maximum benefit is usually achieved 1 to 2 weeks.

inical trials, the most common side effects with ONEX® occurred about as often as they did with ebo (nonmedicated nasal spray). These were ache, occurring with 26% of people vs. placebo 22%; viral infection, 14% vs. 11%; sore throat, 12% vs. 10%; nosebleeds, 11% vs. 6%; and coughing, 7% vs. 6%. Your doctor or other healthcare professional is the best source of information about NASONEX® and other medications. When discussing NASONEX®, it is important to notify them of all medications that you are currently taking. For your reference, please see additional important information on adjacent page.

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†One month's trial is based on recommended dose of 2 sprays per nostril once daily.

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BRIEF SUMMARY [illegible] see package insert.]

INDICATIONS AND USAGE [illegible] Spray, 50 mcg is indicated for the prophylaxis and treatment [illegible] rhinitis and the treatment of the nasal symptoms of [illegible] 12 years of age and older. In patients with a known [illegible] symptoms of seasonal allergic rhinitis, initiation of prophylaxis [illegible] recommended 2 to 4 weeks prior to the anticipated start of the

[illegible] AND [illegible] to any of the ingredients of this preparation contraindicates

WARNINGS [illegible] corticosteroid with a topical corticosteroid can be accompanied by [illegible] insufficiency and, in addition, some patients may experience symptoms of [illegible] and/or muscular pain, lassitude and depression. Careful attention must be given [illegible] patients previously treated for prolonged periods with systemic corticosteroids are transferred to [illegible] corticosteroids with careful monitoring for acute adrenal insufficiency in response to stress. [illegible] particularly important in those patients who have associated asthma or other clinical conditions [illegible] for rapid a decrease in systemic corticosteroid dosing may cause a severe exacerbation of their symptoms.

If recommended doses of intranasal corticosteroids are exceeded or if individuals are particularly sensitive [illegible] caused by virtue of recent systemic steroid therapy, symptoms of hypercorticism may occur, including very rare cases of menstrual irregularities, acneiform lesions, and cushingoid features. If such changes occur, topical corticosteroids should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in nonimmune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS **General**: In clinical studies with NASONEX Nasal Spray, 50 mcg, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, use of NASONEX Nasal Spray, 50 mcg should be discontinued and appropriate local or systemic therapy instituted or needed.

Nasal corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections, or ocular herpes simplex.

Rarely, immediate hypersensitivity reactions may occur after the intranasal administration of mometasone furoate monohydrate. Extreme rare instances of wheezing have been reported.

Rare instances of nasal septum perforation and increased intraocular pressure have also been reported following the intranasal application of aerosolized corticosteroids. As with any long-term topical treatment of the nasal cavity, patients using NASONEX Nasal Spray, 50 mcg over several months or longer should be examined periodically for possible changes in the nasal mucosa.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septum ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Glaucoma and cataract formation was evaluated in one controlled study of 12 weeks' duration and one uncontrolled study of 12 months' duration in patients treated with NASONEX Nasal Spray, 50 mcg at 200 mcg/day, using intraocular pressure measurements and slit lamp examination. No significant change from baseline was noted in the mean intraocular pressure measurements for the 141 NASONEX-treated patients in the 12-week study as compared with 141 placebo-treated patients. No individual NASONEX-treated patient was noted to have developed a significant elevation in intraocular pressure or cataracts in this 12-week study. Likewise, no significant change from baseline was noted in the mean intraocular pressure measurements for the 139 NASONEX-treated patients in the 12-month study and again, no cataracts were detected in these patients. Nonetheless, nasal and inhaled corticosteroids have been associated with the development of glaucoma and/or cataracts. Therefore, close follow-up is warranted in patients with a change in vision and with a history of glaucoma and/or cataracts.

When nasal corticosteroids are used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, NASONEX Nasal Spray, 50 mcg should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with NASONEX Nasal Spray, 50 mcg should be given the following information and instructions. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all intended or possible adverse effects. Patients should use NASONEX Nasal Spray, 50 mcg at regular intervals (once daily) since its effectiveness depends on regular use. Improvement in nasal symptoms of allergic rhinitis has been shown to occur within 11 hours after the first dose based on one single-dose, parallel-group study of patients in an outdoor "park" setting (park study) and one environmental exposure unit (EEU) study and within 2 days after the first dose in two randomized, double-blind, placebo-controlled, parallel-group seasonal allergic rhinitis studies. Maximum benefit is usually achieved within 1 to 2 weeks after initiation of dosing. Patients should take the medication as directed and should not increase the prescribed dosage by using it more than once a day in an attempt to increase its effectiveness. Patients should contact their physician if symptoms do not improve, or if the [illegible]. To assure proper use of this nasal spray, and to attain maximum benefit, patients should [illegible] follow the accompanying Patient's Instructions for Use carefully.

Patients should be instructed not to spray NASONEX Nasal Spray, 50 mcg into the eyes.

Patients [illegible] immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles, and patients should also be advised that if they are exposed, medical [illegible] should be sought without delay.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In Sprague Dawley rats, mometasone furoate [illegible] statistically significant increase in the incidence of tumors at an inhalation dose of [illegible] mcg/kg (approximately 3 times the maximum recommended daily intranasal dose in adults on a [illegible] basis). In Swiss CD-1 mice, mometasone furoate demonstrated no statistically significant [illegible] of tumors at an inhalation dose of 160 mcg/kg (approximately 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

[illegible] furoate produced an increase in chromosome aberrations *in vitro* in the [illegible] in the presence or absence of rat liver S9 activation. It was not mutagenic in the mouse-lymphoma assay and the *Salmonella/E. coli* [illegible] Chinese hamster lung cell (CHL) chromosomal-aberrations [illegible] micronucleus assay, a rat bone-marrow clastogenicity assay, and the mouse male germ-cell clastogenicity assay. Mometasone furoate also did not induce unscheduled DNA synthesis *in vivo* in rat hepatocytes.

In reproductive toxicity studies in rats, mometasone furoate administered subcutaneously caused prolonged gestation, prolonged and difficult labor, reduced offspring survival, and reduced maternal body weight gain following treatment at 15 mcg/kg (approximately ¾ the maximum recommended daily intranasal dose in adults on a mcg/m² basis). Impairment of fertility in rats was not produced by subcutaneous doses up to 15 mcg/kg.

Pregnancy: ***Teratogenic Effects***: ***Pregnancy Category C***: Mometasone furoate caused cleft palate in mice at subcutaneous doses of 60 and 180 mcg/kg, (approximately 2 and 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis, respectively). Offspring survival was reduced in the 180 mcg/kg group. The nonteratogenic subcutaneous dose level in mice was 20 mcg/kg (approximately ½ the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

In rabbits, mometasone furoate was teratogenic and caused flexed front paws at a topical dermal dose of 150 mcg/kg (approximately 14 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

In rats, mometasone furoate produced umbilical hernia, cleft palate, and delayed ossification at a topical dermal dose of 600 mcg/kg (approximately 30 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). At 1200 mcg/kg (approximately 60 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis), microphthalmia, umbilical hernias, and delayed ossification were observed in rat pups.

In these teratogenicity studies, there were also reductions in maternal body weight gain and effects on fetal growth (lower fetal body weights and/or delayed ossification) in mice (60 and 180 mcg/kg), rabbits (150 mcg/kg), and rats (600 mcg/kg).

In an oral teratology study in rabbits, at 700 mcg/kg, (approximately 70 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis), increased incidences of resorptions and malformations, including cleft palate and/or head malformations (hydrocephaly or domed head) were observed. Pregnancy failure was observed in most rabbits at 2800 mcg/kg (approximately 270 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

There are no adequate, and well-controlled studies in pregnant women. NASONEX Nasal Spray, 50 mcg, like other corticosteroids, should be used during pregnancy only if the potential benefits justify the potential risk to the fetus. Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will need corticosteroid treatment during pregnancy.

Nonteratogenic Effects: Hypoadrenalism may occur in infants born to women receiving corticosteroids during pregnancy. Such infants should be carefully monitored.

Nursing Mothers: It is not known if mometasone furoate is excreted in human milk. Because other corticosteroids are excreted in human milk, caution should be used when NASONEX Nasal Spray, 50 mcg is administered to nursing women.

Pediatric Use: Safety and effectiveness in children less than 12 years of age have not been established.

Geriatric Use: A total of 203 patients above 64 years of age (age range 64 to 85) have been treated with NASONEX Nasal Spray, 50 mcg for up to 3 months. The adverse reactions reported in this population were similar in type and incidence to those reported by younger patients.

ADVERSE REACTIONS: In controlled US and International clinical studies, a total of 3210 patients received treatment with NASONEX Nasal Spray, 50 mcg at doses of 50 to 800 mcg/day. The majority of patients (n = 2103) were treated with 200 mcg/day. A total of 350 patients have been treated for 1 year or more. The overall incidence of adverse events for patients treated with NASONEX Nasal Spray, 50 mcg was comparable to patients treated with the vehicle placebo. Also, adverse events did not differ significantly based on age, sex, or race.

Three percent of patients in clinical trials discontinued treatment because of adverse events; this was similar for the vehicle and active comparators.

All adverse events reported by 5% or more of patients (regardless of relationship to treatment) who received NASONEX Nasal Spray, 50 mcg 200 mcg/day in clinical trials, and that were more common with NASONEX Nasal Spray, 50 mcg than placebo, are displayed in the table below.

ADVERSE EVENTS FROM CONTROLLED CLINICAL TRIALS IN SEASONAL ALLERGIC AND PERENNIAL ALLERGIC RHINITIS (PERCENT OF PATIENTS REPORTING)

	NASONEX NASAL SPRAY, 50 mcg 200 mcg (N = 2103)	VEHICLE PLACEBO (N = 1671)
Headache	26	22
Viral Infection	14	11
Pharyngitis	12	10
Epistaxis/Blood-Tinged Mucus	11	6
Coughing	7	6
Upper Respiratory Tract Infection	6	2
Dysmenorrhea	5	3
Musculoskeletal Pain	5	3
Sinusitis	5	3

Other adverse events which occurred in less than 5% but greater than or equal to 2% of mometasone furoate treated patients (regardless of relationship to treatment), and more frequently than in the placebo group, included: arthralgia, asthma, bronchitis, chest pain, conjunctivitis, diarrhea, dyspepsia, earache, flu-like symptoms, myalgia, nausea, and rhinitis.

Rare cases of nasal ulcers and nasal and oral candidiasis were also reported in patients treated with NASONEX Nasal Spray, 50 mcg, primarily in patients treated for longer than 4 weeks.

In postmarketing surveillance of this product, cases of nasal burning and irritation and rare cases of nasal septal perforation have been reported.

OVERDOSAGE: There are no data available on the effects of acute or chronic overdosage with NASONEX Nasal Spray, 50 mcg. Because of low systemic bioavailability, and an absence of acute drug-related systemic findings in clinical studies, overdose is unlikely to require any therapy other than observation. Intranasal administration of 1600 mcg (8 times the recommended dose of NASONEX Nasal Spray, 50 mcg) daily for 29 days, to healthy human volunteers, was well tolerated with no increased incidence of adverse events. Single intranasal doses up to 4000 mcg have been studied in human volunteers with no adverse effects reported. Single oral doses up to 8000 mcg have been studied in human volunteers with no adverse events reported. Chronic overdosage with any corticosteroid may result in signs or symptoms of hypercorticism (see **PRECAUTIONS**). Acute overdosage with this dosage form is unlikely since one bottle of NASONEX Nasal Spray, 50 mcg contains approximately 8500 mcg of mometasone furoate.

Schering Corporation
Kenilworth, NJ 07033 USA

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HOW CLEAN IS IT?

Continued from page 100

probably nothing to worry about, says John Pisani, Ph.D., a microbiologist at Microm Labs. But it does indicate that the hotel doesn't always sanitize its key cards between guest visits.

B&B: A metal key was home to an unhealthy dose of three different types of bacteria, including *Staphylococcus*, a classic pathogen that's related to many infections, from sinusitis to pneumonia to acne. Why was this the dirtiest of the lot? A metal key has crevices in which germs can hibernate. Also, bacteria don't live long on plastic surfaces, and plastic cards may be replaced more frequently.

SHOWER CURTAIN/DOOR

Major chain: We found only a sprinkling of common bacteria on this shower curtain.

Luxury hotel: This glass door showed a moderate growth of yeast-*Rhodotorula glutinus*. Again, while this particular strain of yeast is probably nothing to worry about, says Pisani, it is a sign that the door was probably pretty dirty. Yeast thrives in a humid environment, with other organisms to feed on.

B&B: The shower curtain teemed with six kinds of germs, among them *Alcaligenes xylosoxidans*, a particularly virulent bacteria that could cause infection if someone with a cut were to rub against it. In a person with a weakened immune system, it can cause a spectrum of diseases, including septicemia (blood poisoning). "This shower curtain hasn't been cleaned in a *very* long time," says Pisani.

TOILET SEAT

Major chain: We found a light smattering of two kinds of bacteria, one of which was yeast-*Candida albicans*, the classic agent of yeast infections and, in kids, thrush (oral yeast infections). Someone with a cut or rash could become ill after coming into contact with this or other germs, according to Pisani.

Luxury hotel: We detected a moderate growth of yeast-*Candida albicans*.

B&B: This was fairly clean, with only a small amount of two common bacteria.

BEDSPREAD

Major chain: We found only a bit of very common bacteria.

Luxury hotel: Covered in four kinds of germs, most notably *(continued)*



If **towels** *are stored in a* **humid** *location,* **bacteria** *can thrive*

THE **DIRTY** TRUTH

There are no laws dictating just how often or how well hotel rooms must be scrubbed. Sure, state laws may specify that lodgings provide sanitary sheets, towels and pillowcases for each guest and thoroughly clean rooms—but they don't spell out exactly how lodgings must do so. State health departments often issue guidelines for keeping hotels and motels clean, but these are merely recommendations. Local health departments may also inspect lodgings, but it's done as a public service and often is complaint-driven.

The American Hotel and Motel Association (AH&MA), a trade group of over twelve thousand properties, provides lodgings with a number of detailed recommendations. But, again, a particular property has no obligation to follow these guidelines, according to Kathryn Potter, a spokesperson for the AH&MA. The association does not endorse any particular cleaning methods.

One hotel chain also told us that they give their housekeeping staff standard cleaning training, and their managers perform daily inspections to ensure that housekeeping is doing a good job (note that the major chain hotel room we tested came back the cleanest). At another chain we spoke to, major inspections are done at least once a year.

Of course, cleaning guidelines at independent inns vary greatly, depending on the individual property. The American Bed and Breakfast Association rates and inspects inns around the country, and the Independent Innkeepers' Association requires member participation in a quality-assurance program. In addition, most states have B&B associations that provide guidelines and inspect member inns regularly to ensure that cleanliness standards are met.

While the B&B turned out to be the dirtiest of the three rooms we tested, keep in mind that it scored pretty closely with the luxury hotel. At some B&Bs, where one or two people are in charge of the cooking, cleaning and bookkeeping, less time may be devoted to more thorough housekeeping. On the other hand, an innkeeper's livelihood depends on customer satisfaction, so any complaint about cleanliness will most likely be dealt with promptly.



Staph aureus and [illegible] *glutinus*

B&B: [illegible] kinds of bacteria, all [illegible] Pisani. "But when [illegible] ting the sheet on [illegible] bed, it indicates [illegible] ad hasn't been [illegible] while."

Major chain: This sample came back perfectly clean.

Luxury hotel: Also germ-free.

B&B: We found a heavy growth of *Acinetobacter anitratus*, which can cause vaginitis and infect cuts. Someone who touched it probably already had the bacteria on his or her hands, says Pisani. The towel may also have been stored in a humid closet while still damp, allowing bacteria to survive.

PILLOWCASE

Major chain: A guest here could have rested easy; this sample came back from the lab perfectly clean.

Luxury hotel: This pillowcase was soiled with three kinds of bacteria, including yeast-*Candida albicans*. "Either this pillowcase was not changed between guests, or the maid had the germs on her fingers," Pisani explains of the findings.

B&B: Although we did find two kinds of bacteria on this one, both were harmless.

CARPET/RUG

Major chain and luxury hotels: We found only a bit of harmless bacteria.

B&B: A breeding ground for *four* kinds of bacteria, including *Clostridium perfrigens*, which can creep into a cut or scrape and cause gas gangrene, a potentially fatal tissue-eating infection, according to Pisani. Since it's a common organism found in the environment, someone could easily have brought it in on his shoes.

TELEPHONE

Major chain: No problems here.

Luxury hotel: Although we isolated three kinds of bacteria, all were normal skin flora. However, their presence indicates that the phone was not wiped off after the last guest checked out.

B&B: No phones in rooms. ●

Anna Roufos is an assistant editor at Ladies' Home Journal.

CAN YOUR HOTEL MAKE YOU ILL?

WHILE SOME OF OUR FINDINGS may make you queasy, the truth is you're far more likely to get sick from eating in the hotel restaurant than sleeping in a dirty room.

"Disruptions in your sleep-wake cycle can predispose you to catching infections while traveling," says Louis Morledge, M.D., a travel-health expert in New York City. But you'd have to find yourself in a very dirty hotel room to be at risk.

Chuck Gerba, Ph.D., a microbiologist at the University of Arizona, in Tucson, agrees. "The risk of becoming ill from hotel germs really isn't any greater than your risk of catching something in your own home."

Rules for clean living

You may think that short of bringing along your own vacuum or cleanser, there's not much you can do to ensure a clean stay. But there are several things consumers should keep in mind—and watch out for—while staying in a hotel or B&B.

Check the ratings Most organizations that rate lodgings from "best" to "worst" use cleanliness as a [illegible] criterion. Inspectors for AAA and Mobil check [illegible] thousands of properties every year. In contrast, those that don't [illegible] own standards in terms of cleanliness aren't even listed in AAA's TourBooks or the *Mobil Travel Guide*. You can also check with your state's B&B association, the American Bed and Breakfast Association (804-379-2222 or *www.abba.com*) or the Independent Innkeepers' Association (800-344-5244 or *www.innbook.com*) to help find a clean inn. The online directory from the Professional Association of Innkeepers International (*www.paii.org*) also has information on ratings.

Follow your nose Sniff your towels and sheets before using them. If they smell musty or damp, ask the housekeeper for another set. Also, a moldy odor in the bathroom may be a sign that the housekeepers don't use a disinfectant regularly, says Gerba.

Ask to see a room first A quick but thorough check before you unpack should tip you off to dust, stains, grime and mold.

Wear slippers Protect your feet from dirty carpets by wearing slippers. Keep your feet dry, too, since foot fungus thrives in a moist environment.

Send it back If you suspect your bedspread or blanket hasn't been washed recently, ask for another one.

Arm yourself There's an array of disinfectant products that you can take with you on your trip, including alcohol-based towelettes you can use to wipe surfaces. Not all experts agree that antibacterial products are necessary; still, if it makes you feel better, occasional use certainly won't do any harm.

Wash your hands often As always, the best defense against germs is to keep your hands as clean as possible.



Now only Tide with Bleach
gets security blankets
*99.9% bacteria-free.**

Because you got him
to give up the pacifier,
but he's not budging
on the blanket.

KILLS 99.9% of BACTERIA*
Tide with BLEACH

*Now only one detergent kills 99.9% of bacteria.**
It's got to be Tide.

**Effective against Staphylococcus aureus and Klebsiella pneumoniae. Use as directed.*

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can help.

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GLUCOPHAGE® (metformin hydrochloride tablets) lowers blood sugar and may reduce the amount of insulin you need. With diet and exercise, it can be used alone, with pills called sulfonylureas, and now with insulin.

GLUCOPHAGE treats the root causes of type 2 diabetes: it makes better use of your body's natural insulin, lowers sugar production, and reduces sugar absorption.

With **GLUCOPHAGE** your weight should stay the same or you may even lose some.

ontrolling your blood sugar is important because it can prevent or delay complications ich as blindness and amputations. So ask your doctor if **GLUCOPHAGE** is right for you.

or more information, call 1-800-427-5141.

ASK YOUR DOCTOR ABOUT...

GLUCOPHAGE®
(Metformin Hydrochloride Tablets) 500 mg

THE MOST PRESCRIBED DIABETES PILL

side effects occur, they are normally minor ones such as diarrhea, nausea, and upset stomach. he most serious side effect associated with GLUCOPHAGE is called lactic acidosis. Lactic idosis associated with GLUCOPHAGE is rare and has occurred in one in 33,000 patients on LUCOPHAGE over the course of one year. If lactic acidosis occurs, it can be fatal in up to half ie cases. You should not take GLUCOPHAGE if you have kidney disease or dysfunction, if you e 80 or older (unless you have first had your kidneys tested), if you are taking medication for ongestive heart failure, if you have a history of liver disease, or if you drink alcohol excessively. here is some evidence that some oral diabetes drugs may increase the risk of heart problems. lease see additional important patient information.

Bristol-Myers Squibb Company

www.glucophage.com

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PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg, 850 mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a rare condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?
Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?
People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?
Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?
High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?
Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?
When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?
Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?
GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?
If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or [illegible] when they start taking GLUCOPHAGE.

[illegible] serious side effects that GLUCOPHAGE can cause?
[illegible] uses serious side effects. The most serious side effect that [illegible] lactic acidosis.

[illegible] and can it happen to me?
[illegible] duplactic acid in the blood. Lactic acidosis [illegible] has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about one in 33,000 patients taking GLUCOPHAGE (metformin hydrochloride tablets) over the course of a year. Although rare, if lactic acidosis does occur, it can be fatal in up to half the cases.

It's also important for your liver to be working normally when you take GLUCOPHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on you from time to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or liver.

Q12. Are there other risk factors for lactic acidosis?
Your risk of developing lactic acidosis from taking GLUCOPHAGE is very low as long as your kidneys and liver are healthy. However, some factors can increase your risk because they can affect kidney and liver function. You should discuss your risk with your physician. You should not take GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medications, e.g., digoxin (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast agents
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection, or stroke
- You are ≥ 80 years of age and have NOT had your kidney function tested.

Q13. What are the symptoms of lactic acidosis?
Some of the symptoms include: feeling very weak, tired or uncomfortable; unusual muscle pain, trouble breathing, unusual or unexpected stomach discomfort, feeling cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular heartbeat.

If you notice these symptoms, or if your medical condition has suddenly changed, stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is a medical emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of lactic acidosis?
Tell your doctor if you have an illness that results in severe vomiting, diarrhea and/or fever, or if your intake of fluids is significantly reduced. These situations can lead to severe dehydration, and it may be necessary to stop taking GLUCOPHAGE temporarily.

You should let your doctor know if you are going to have any surgery or specialized x-ray procedures that require injection of contrast agents. GLUCOPHAGE therapy will need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?
Remind your doctor that you are taking GLUCOPHAGE when any new drug is prescribed or a change is made in how you take a drug already prescribed. GLUCOPHAGE may interfere with the way some drugs work and some drugs may interfere with the action of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?
Tell your doctor if you plan to become pregnant or have become pregnant. As with other oral glucose-control medications, you should not take GLUCOPHAGE during pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As with all medications, you and your doctor should discuss the use of GLUCOPHAGE if you are nursing a child.

Q17. Are there other risks associated with GLUCOPHAGE?
There is some evidence that any oral diabetes drug may increase the risk of [illegible] problems. Experts are not sure what the real risk is for heart problems, if any, of taking oral diabetes medicine.

Q18. How do I take GLUCOPHAGE?
Your doctor will tell you how many GLUCOPHAGE tablets to take and how often. This should also be printed on the label of your prescription. You will probably be started on a low dose of GLUCOPHAGE and your dosage will be increased gradually until your blood sugar is controlled.

Q19. Where can I get more information about GLUCOPHAGE?
This leaflet is a summary of the most important information about GLUCOPHAGE. If you have any questions or problems, you should talk to your doctor or other healthcare provider about type 2 diabetes as well as GLUCOPHAGE and its side effects. There is also a leaflet (package insert) written for health professionals that your pharmacist can let you read.

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T'S A FACT THINK MOTHER'S
AY IS TOO COMMERCIALIZED?
O DID ANNA JARVIS, WHO
OUGHT TO HAVE THE DAY MADE
NATIONAL HOLIDAY IN 1914.
ED UP WITH THE HYPE, SHE WAS
RRESTED FOR DISTURBING
HE PEACE AT A PROTEST IN 1925

FATED TO FAVOR?

It's not uncommon for firstborn children to be highly motivated and organized, younger children to be more laid-back. But there's a good chance that these built-in traits influence your perception of your children, says Frank Sulloway, Ph.D., author of *Born to Rebel: Birth Order, Family Dynamics and Creative Lives* (Vintage Books, 1997). Firstborn parents tend to get along better with firstborn children, because they have similar characteristics and personalities, he maintains.

Later-born parents may relate better to middle and youngest children, but they tend to treat all their kids the same. Middle- and last-born adults make the most easygoing parents. "They are more tolerant of unconventional behavior," says Sulloway.

How can a firstborn parent adjust her bias? Find a compromise that suits your nature and your younger children's, says Sulloway. (Perhaps they can use *your* method for getting a job done, but do it at their own pace.) Also, talk to your own siblings. Hearing them reflect on their places in the pecking order may boost your understanding of your kids' behavior.

—Liza N. Burby





PLAYING IT SAFE

Most parents prefer to have their children involved in after-school athletics rather than go home to an empty house. But even on the field, it's important to ensure that someone is watching out for your child's safety. According to the National Athletic Trainer's Association (NATA), less than 35 percent of high schools employ an athletic trainer—a health-care professional responsible for preventing and treating sports injuries. The percentage is even lower for younger children's recreational team sports. "Investigate what kind of program exists for preventing and handling injuries *before* letting your kids play," says John W. Powell, director of the NATA High School Injury Surveillance Project. Here are some areas to research:

INJURY POLICY Ask who cares for your child if she's injured—is anyone on staff trained in CPR and first aid? Also, find out who's responsible for alerting you.

EQUIPMENT Make sure the team provides properly fitting protective gear and well-maintained equipment.

FACILITIES Check that practice areas are well lit and well tended. Is water readily available? Kids need to stay hydrated, especially if they're playing outdoors.

—Corinne L. Domingo

Get In On The Act

You're busy balancing work and family, but who's looking out for you? We checked in with Shirley Igo, vice president for legislation for the National PTA, for an update on proposed laws that would benefit working parents. If you support any of these bills, tell your congressperson, says Igo. "People in office are very motivated by public opinion."

- **The Child Care ACCESS Act** seeks to expand tax credits and grants to help parents afford quality child care, and would provide resources for schools to offer after-school activities.
- **The America After School Act** proposes $7 billion over the next five years to provide affordable before- and after-school care, as well as summer and weekend activities for kids aged five through fifteen.
- **The Family and Medical Leave Improvements Act of 1999** would grant employees twenty-four hours of annual unpaid leave from their jobs to attend school events like parent-teacher conferences.

—C.L.D.


gi


Barbie
s rule.
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LET'S MAKE A DEAL

It was a challenge our three flea-market aficionados couldn't refuse: Go out and bag your best bargain at the emporium of your choice. How well did the pros do sorting the jewels from the junk? You be the judge

By Stephanie B. Goldberg



Some folks work a flea market or tag sale the way athletes compete at a major event—making it look effortless when, in fact, every move is well planned. Such is the case with the three women we asked to go shopping with a $500 maximum budget. Watching them in action is an education, both in what they select and how much they're willing to pay. They know what can be fixed and what's not worth the effort; when a price is fair and when it's a joke.

Bari Lynn, author of *Eclectic Living* (HarperCollins, 1998) made a beeline for a salvage store while Emelie Tolley, author of *Flea-Market Style* (Regan Books, 1997), hit resale shops. Our third pro, [illegible] Strasser, author of *The Paris* [illegible] (Clarkson Potter, 1998) and [illegible] York City boutique by the [illegible], was off to an auction.



GOING, GOING, GOING FOR THE GLITZ

For seven years, Claudia Strasser has been a regular at the Dutch Auction in Mickleton, New Jersey, which sells everything from museum-quality antiques to tag-sale discards. On this day she got there early in the morning to look over the auction lots. Strasser always tries to inspect in a low-key way before bidding. "You don't want to attract the interest of other bidders," she says.

Early in the day she snagged her most expensive purchase—a pair of gilded candelabra fringed with glass beads—for $200. Bidding was pretty intense, but Strasser says she's happy with the price she paid—the candelabra were in excellent condition and cost less than new knockoffs would. Later, she scooped up an upholstered velvet footstool and a whitewash night table for $100 each, plus a pair of metal pillar candlesticks that, at just $20, she couldn't resist. All were in reasonably good shape—the footstool needed sprucing up with satin cording—and Strasser was very pleased with her haul. HER TOP TIP: "Don't let an opportunity for getting a bargain get the better of you. Unless a pricey antique turns out to be a fake, most houses don't allow returns."

CANDELABRA WITH GLASS BEADS $200

UPHOLSTERED FOOTSTOOL $100

WHITEWASH NIGHT TABLE $100

PAIR OF PILLAR CANDLESTICKS $20

TOTAL: $4[illegible]0

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Jackie Ze
Actress. Migraine Sufferer

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[illegible]

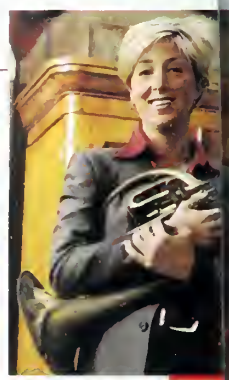
Emelie Tolley set out with a goal: to find fine china and good linen—without having to pay through the nose. At Hunters & Collectors, an antiques store in Bridgehampton, New York, she found an ice-green metal urn that would be perfect for chilling wine, and a similarly hued retro planter—just the thing for breadsticks. Tolley was able to save $35 on the pair by asking, "What's your best price?" But her big find was at ARF, a nearby thrift store: porcelain dinnerware from the forties—a service for eight for just $40. Two charming etched glass votives were another $5. At Second Chance, a consignment shop, Tolley also struck it big: a cabbage soup tureen, a mint-condition Irish linen tablecloth that coordinates with four hand-embroidered linen napkins, six real crystal goblets and an iron basket *cum* wine-bottle holder.
HER TOP TIP: "Try to make friends with shop owners and ask them to tell you when new merchandise is due to come in."

ICE-GREEN METAL URN $80
RETRO PLANTER $22
PORCELAIN DINNERWARE SERVICE FOR 8 $40
2 ETCHED-GLASS VOTIVES $5
CABBAGE SOUP TUREEN $45
LINEN TABLECLOTH $60
4 EMBROIDERED NAPKINS $24
6 CRYSTAL GOBLETS $10
IRON BASKET $45
TOTAL: $331



RUSTIC, BUT LOTS OF IT

Bari Lynn's idea of heaven is wandering through New York City's John Koch Antiques, a salvage superstore where merchandise is stacked sky-high and the amiable owner is always willing to make a deal. Lynn was looking for items to punch up a wall outside her living room. She knew she'd struck pay dirt when she spied a mantelpiece with columns and a beveled mirror. So what if it had a chip or two? "I love it because of its architectural interest," says Lynn. After sweet-talking the owner down from $295 to $225, she set about adding pizzazz with accessories: for starters, a very grand, broken, but very fixable Empire-style clock and a pair of candlesticks. Add to that two more Depression-era silver-plate candlesticks, two picture frames, a floral print, a nickel sugar bowl, a battered French horn and a seen-better-days mannequin.
HER TOP TIP: "To get the best price, point out the defects, in a nice way, of course."



MANTELPIECE WITH COLUMNS AND BEVELED MIRROR $225
EMPIRE-STYLE CLOCK $60
2 SILVER CANDLESTICKS $40
2 SILVER-PLATE CANDLESTICKS $10
2 SILVERY PICTURE FRAMES $50
FLORAL PRINT $20
NICKEL SUGAR BOWL $5
FRENCH HORN $5
MANNEQUIN $25
TOTAL: $440


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MELANIE GRIFFITH & ALEXANDER, STELLA AND DAKOTA
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There's no question that you do a lot for your family. As a mom, there are countless gifts you give your children: bedtime stories, homemade lunches, sound advice and unconditional love. Now, it's your turn to be on the receiving end with Whirlpool's Mom's Greatest Gift: A contest to reward moms for "A Job Well Done."

Here's how to enter:

Moms, share with us in 75 words or less the greatest gift(s) you've given your family. Or kids, tell us the greatest gift(s) your mom has given you. Deadline for entries is June 15, 1999.

For complete rules and details on how to enter, see page 233, or visit our Web site at www.whirlpool.com

Whirlpool® HOME APPLIANCES

A Job Well Done.

Grand Prize

A fabulous New York City Getaway Weekend

Moms deserve to be pampered!

5 grand-prize winners will receive Mom's Greatest Gift Package—an all-expenses-paid weekend getaway to New York City, including air transportation, accommodations and mea a sensational spa day (massage, facial, manicu and makeup), a $500 shopping spree at Saks Fifth Avenue, a Broadway show and a carriag ride through Central Park. They'll also be honored guests at a special awards luncheon.

Second Prize

5 second-prize winners will receive a Whirlpool washer and dryer.

Third Prize

20 third-prize winners will receive subscriptions to Ladies' Home Journal.

Fourth Prize

25 fourth-prize winners will receive Ladies' Home Journal tote bags.

Every mom is a winn

All moms who are nominated for the contest will receive a special gift from Whirlpool.



Doing laundry could tie you up all day unless you've got the new Ultimate Care II washer from Whirlpool. Just throw in that entire pile of grubby play clothes. With the amazing rolling action of our exclusive agitator, they'll come out looking great. Plus, our AccuWash Sensor is designed to control water temperatures, helping your detergent get clean its best. To find out how you can make a clean getaway, visit www.whirlpool.com or call 1-800-253-1301.

A Job Well Done.



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HOME APPLIANCES





Acts of LOVE



SHE GIVES HIM A BACK RUB; HE COMES HOME FROM WORK AND CLEANS THE HOUSE. TO KEEP A RELATIONSHIP ROMANTIC, LITTLE THINGS MEAN A LOT

BY CAROL LYNN MITHERS



Kathy Keileher, 41, writer in Los Angeles
Husband: Kevin McCarthy, 41, advertising art director
Married nine years; two children, 6 and 2

Kathy: Every once in a while, Kevin will show up after work with flowers, which he knows I love. And when he gets me a gift, he usually picks beautiful pieces of clothing or jewelry that I'd never buy for myself. I can tell he's envisioned me wearing them. It makes me feel that I'm attracted to me, that he still finds me alluring.

Kevin: Kathy gives me the freedom to escape sometimes. I've been a surfer for many years, and getting in the ocean is really important to me. On weekends I can tell her I need to go surfing, and even if I've been working terrible hours and haven't been around the house much, she'll say, "Go, you deserve it."

Allyson Baldwin, 29, stay-at-home mom in Ipswich, Massachusetts
Husband: Steve Baldwin, 31, works for a communications consulting company
Married seven years; three children, 6, 4 and 1

Allyson: Sometimes Steve comes home from work really late, like midnight or one A.M., and finds the house a total wreck. He knows I've been with the kids all day and was just too tired to straighten up. And before he comes to bed, he cleans everything. He puts away all the toys. He sweeps the floor. We don't have a dishwasher, so he washes the dishes. In the morning he tells me, "The elves were here."

Steve: Allyson makes my lunch every day. I know she hates to do it, because with three kids she's pretty busy in the morning, but she always does. I could make the same sandwich, but hers tastes so much better. At lunchtime, while I'm sitting there eating my ham and cheese, I'm thinking, My wife loves me today.



Kathleen Casey, 35, university library technician in Salem, Oregon
Husband: Mark Heslinga, 41, county prosecutor
Married ten years; no children

Kathleen: Sometimes Mark brings me funny little toys from an import store near his office. I don't care about getting presents on holidays like Valentine's Day. When we were first married, we felt under pressure to be sentimental on days like that. We'd exchange presents, I'd make the big dinner, then we were always disappointed because it wasn't as great as we expected it to be. Now, I think gifts are more meaningful when they're spontaneous. They tell me that Mark is thinking about me through the day.



Mark: Kathleen always lets me know that she's on my side. I remember one time we were at a party, and someone was giving me a hard time. She immediately came over and sat down next to me. She didn't say anything, but her body

(continued on page 123)

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lk to your doctor about once-a-day, nondrowsy CLARITIN® –for people ages 6 and up. One CLARITIN blet relieves your seasonal allergy symptoms all day without making you sleepy. CLARITIN® is safe to take as escribed: one tablet daily. At the recommended dose, CLARITIN® is nondrowsy. ***The most common side effects*** curred about as often as they did with a sugar pill, including headache, drowsiness, fatigue, and dry mouth. Call 888-833-0003 for more information and a $5.00 rebate certificate. Or visit www.claritin.com Please see next ge for additional important information. ***Available by prescription only.***

CLARITIN®
brand of loratadine
TABLETS, SYRUP, and RAPIDLY-DISINTEGRATING TABLETS

BRIEF SUMMARY (...e full package insert.)

INDICATIONS AND USAGE ...the relief of nasal and non-nasal symptoms of seasonal allergic rhi... ...of chronic idiopathic urticaria in patients 6 years of age or older

CONTRAINDICATIONS ...is contraindicated in patients who are hypersensitive to this medication.

PRECAUTIONS ...impairment or renal insufficiency (GFR < 30 mL/min) ... every other day). (See **CLINICAL PHARMACOLOGY**:

Special ...

...daily) has been coadministered with therapeutic ... ketoconazole in controlled clinical pharmacology studies in ... volunteers. Although mean peak plasma concentrations (AUC 0-24 hrs) of loratadine and/or descarboethoxyloratadine were increased following coadministration of loratadine with each of these drugs in normal volunteers (n = 24 in each study), there were no clinically relevant changes in the safety profile of loratadine, as assessed by electrocardiographic parameters, clinical laboratory tests, vital signs, and adverse events. There were no significant effects on QT_c intervals, and no reports of sedation or syncope. No effects on plasma concentrations of cimetidine or ketoconazole were observed. Plasma concentrations (AUC 0-24 hrs) of erythromycin decreased 15% with coadministration of loratadine relative to that observed with erythromycin alone. The clinical relevance of this difference is unknown. These above findings are summarized in the following table:

Effects on Plasma Concentrations (AUC 0-24 hrs) of Loratadine and Descarboethoxyloratadine After 10 Days of Coadministration (Loratadine 10 mg) in Normal Volunteers

	Loratadine	Descarboethoxyloratadine
Erythromycin (500 mg Q8h)	+ 40%	+46%
Cimetidine (300 mg QID)	+103%	+ 6%
Ketoconazole (200 mg Q12h)	+307%	+73%

There does not appear to be an increase in adverse events in subjects who received oral contraceptives and loratadine.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month carcinogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 18 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (descarboethoxyloratadine) times higher than in humans given the maximum recommended daily oral dose. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN is not known.

In mutagenicity studies, there was no evidence of mutagenic potential in reverse (Ames) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (rat primary hepatocyte unscheduled DNA assay) or in two assays for chromosomal aberrations (human peripheral blood lymphocyte clastogenesis assay and the mouse bone marrow erythrocyte micronucleus assay). In the mouse lymphoma assay a positive finding occurred in the nonactivated but not the activated phase of the study.

Decreased fertility in male rats, shown by lower female conception rates, occurred at an oral dose of 64 mg/kg (approximately 50 times the maximum recommended human daily oral dose on a mg/m^2 basis) and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at an oral dose of approximately 24 mg/kg (approximately 20 times the maximum recommended human daily oral dose on a mg/m^2 basis).

Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits at oral doses up to 96 mg/kg (approximately 75 times and 150 times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN should be used during pregnancy only if clearly needed.

Nursing Mothers: Loratadine and its metabolite, descarboethoxyloratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{milk}/AUC_{plasma} ratio of 1.17 and 0.85 for loratadine and descarboethoxyloratadine, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and descarboethoxyloratadine was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN is administered to a nursing woman.

Pediatric Use: The safety of CLARITIN Syrup at a daily dose of 10 mg has been demonstrated in 188 pediatric patients 6-12 years of age in placebo-controlled 2-week trials. The effectiveness of CLARITIN for the treatment of seasonal allergic rhinitis and chronic idiopathic urticaria in this pediatric age group is based on an extrapolation of the demonstrated efficacy of CLARITIN in adults in these conditions and the likelihood that the disease course, pathophysiology, and the drug's effect are substantially similar to that of the adults. The recommended dose for the pediatric population is based on cross-study comparison of the pharmacokinetics of CLARITIN in adults and pediatric subjects and on the safety profile of loratadine in both adults and pediatric patients at doses equal to or higher than the recommended doses. The safety and effectiveness of CLARITIN in pediatric patients under 6 years of age have not been established.

ADVERSE REACTIONS: **CLARITIN Tablets**: Approximately 90,000 patients, aged 12 and older, received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN ...ED ALLERGIC RHINITIS CLINICAL TRIALS IN PATIENTS 12 YEARS OF AGE AND OLDER

...T OF PATIENTS REPORTING

	LORATADINE 10 mg QD	PLACEBO	CLEMASTINE 1 mg BID	TERFENADINE 60 mg BID
	...547		n = 536	n = 684
Headache	1		8	8
Somnolence			22	9
...			10	2
...			4	3

Adverse events reported in placebo-controlled chronic idiopathic urticaria trials were mi... those reported in allergic rhinitis studies.

Adverse event rates did not appear to differ significantly based on age, sex, or race, alt... number of nonwhite subjects was relatively small.

CLARITIN REDITABS (loratadine rapidly-disintegrating tablets): Approximately 5(pati... received CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) in controlled clini... 2 weeks' duration. In these studies, adverse events were similar in type and frequency to ... with CLARITIN Tablets and placebo.

Administration of CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) did ... an increased reporting frequency of mouth or tongue irritation.

CLARITIN Syrup: Approximately 300 pediatric patients 6 to 12 years of age receiv... loratadine once daily in controlled clinical trials for a period of 8-15 days. Among these, 18... were treated with 10 mg loratadine syrup once daily in placebo-controlled trials. Adverse e... these pediatric patients were observed to occur with type and frequency similar to those s... adult population. The rate of premature discontinuance due to adverse events among ... patients receiving loratadine 10 mg daily was less than 1%.

ADVERSE EVENTS OCCURRING WITH A FREQUENCY OF ≥ 2% IN LORATADINE SYRUP-... PATIENTS (6-12 YEARS OLD) IN PLACEBO-CONTROLLED TRIALS, AND MORE FREQU... THAN IN THE PLACEBO GROUP

PERCENT OF PATIENTS REPORTING

	LORATADINE 10 mg QD n = 188	PLACEBO n = 262	CHLORPHENI... 2-4 mg BID n = 17...
Nervousness	4	2	2
Wheezing	4	2	5
Fatigue	3	2	5
Hyperkinesia	3	1	1
Abdominal Pain	2	0	0
Conjunctivitis	2	<1	1
Dysphonia	2	<1	0
Malaise	2	0	1
Upper Respiratory Tract Infection	2	<1	0

In addition to those adverse events reported above (≥ 2%), the following adverse ever... been reported in at least one patient in CLARITIN clinical trials in adult and pediatric patients:

Autonomic Nervous System: Altered lacrimation, altered salivation, flushing, hypoe... impotence, increased sweating, thirst.

Body As A Whole. Angioneurotic edema, asthenia, back pain, blurred vision, chest pa... ache, eye pain, fever, leg cramps, malaise, rigors, tinnitus, viral infection, weight gain.

Cardiovascular System: Hypertension, hypotension, palpitations, supraventricular tachy... mias, syncope, tachycardia.

Central and Peripheral Nervous System: Blepharospasm, dizziness, dysphonia, hypo... migraine, paresthesia, tremor, vertigo.

Gastrointestinal System: Altered taste, anorexia, constipation, diarrhea, dyspepsia, flat... gastritis, hiccup, increased appetite, nausea, stomatitis, toothache, vomiting.

Musculoskeletal System: Arthralgia, myalgia.

Psychiatric: Agitation, amnesia, anxiety, confusion, decreased libido, depression, impaire... centration, insomnia, irritability, paroniria.

Reproductive System: Breast pain, dysmenorrhea, menorrhagia, vaginitis.

Respiratory System: Bronchitis, bronchospasm, coughing, dyspnea, epistaxis, hemo... laryngitis, nasal dryness, pharyngitis, sinusitis, sneezing.

Skin and Appendages: Dermatitis, dry hair, dry skin, photosensitivity reaction, pruritus, pu... rash, urticaria.

Urinary System: Altered micturition, urinary discoloration, urinary incontinence, urinary ret...

In addition, the following spontaneous adverse events have been reported rarely during th... keting of loratadine: abnormal hepatic function, including jaundice, hepatitis, and hepatic ne... alopecia, anaphylaxis, breast enlargement, erythema multiforme; peripheral edema; and seizur...

OVERDOSAGE: In adults, somnolence, tachycardia, and headache have been reported with ... doses greater than 10 mg with the Tablet formulation (40 to 180 mg). Extrapyramidal signs ar... pitations have been reported in children with overdoses of greater than 10 mg of CLARITIN S... In the event of overdosage, general symptomatic and supportive measures should be inst... promptly and maintained for as long as necessary.

Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in pa... with impaired consciousness, followed by the administration of activated charcoal to absor... remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be perfo... with normal saline. Saline cathartics may also be of value for rapid dilution of bowel con... Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by perit... dialysis.

No deaths occurred at oral doses up to 5000 mg/kg in rats and mice (greater than 2400 and ... times, respectively, the maximum recommended human daily oral dose on a mg/m^2 basis). S... oral doses of loratadine showed no effects in rats, mice, and monkeys at doses as high as 10 t... the maximum recommended human daily oral dose on a mg/m^2 basis.

Schering®

Schering Corporation
Kenilworth, NJ 07033 USA

19628426T-...

CLARITIN REDITABS (loratadine rapidly-disintegrating tablets) are manufactured for Scher... Corporation, Scherer DDS, England.

U.S. Patent Nos. 4,282,233 and 4,371,516

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Continued from page 120

anguage was clear. He's with me; lon't mess with him. It means a ot to me to know that I have an lly in the world.



Amy McAfee, 36, medical social worker in Birmingham, Alabama
Husband: Harry McAfee, 39, high-school band director
Married three years; they have a 1-year-old and are expecting a second child

Amy: Not a day goes by without Harry saying that he loves me, or hat he thinks I'm pretty. One week, 'd had a really rough time and I came home on Friday to find he'd changing diapers. I come back and he asks, "How was it?" I say, "Great!" And that's exactly what he wants to hear.

Mike: When I come home, I always get a kiss. As corny as it sounds, that's a nice thing when you get home from the office. I also appreciate that Kaje keeps up on what I do at work. She asks how my day was, and she probes and asks questions. She's good at reading people, so I can role-play situations, and she'll give me her input. I like it that she's genuinely interested in what I'm doing—and that I can say "So-and-so's driving me crazy," and she'll know exactly what I mean.

"IN MY FIRST MARRIAGE, ROMANCE WAS NONEXISTENT. NOW I KNOW I'M LOVED"

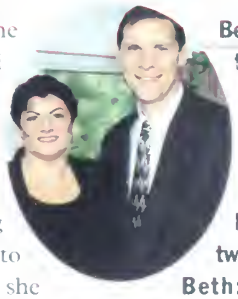
grilled salmon steaks and had wine and flowers on the table. I asked why, and he said, "Just because it's Friday." In my first marriage, romance was nonexistent. Now, I know I'm loved.

Harry: Amy buys me greeting cards for no reason other than to say that she loves me. Sometimes she mails them; other times she puts them in my lunch. I love that kind of attention.



Kaje Stuckey, 31, stay-at-home mom in Glen Allen, Virginia
Husband: Mike Stuckey, 32, product manager
Married eight years; two children, 4 and 1

Kaje: Mike encourages me to go out in the evenings and seek outside friendships so I keep my balance. I belong to a supper club, a book club, and about once a month I go to the movies with friends. When I say I have plans, he never complains that I'm having fun while he's home



Beth Harnack, 41, teacher in Buffalo Grove, Illinois
Husband: Dennis Harnack, 43, assistant principal
Married nineteen years; two children, 14 and 11

Beth: Until a year ago, Dennis and I worked in the same school, and if he knew I was having a really bad day, he'd buy a candy bar and stick in on my desk. He never leaves the house in the morning without kissing me good-bye and telling me to have a good day. He's my rock.

Dennis: The things that Beth does for me are the type of things you might take for granted, like refilling my cup of coffee while I'm reading the Sunday paper. She knows when I need a hug; she'll come up behind me and rub my shoulders or tell me how much she loves me and appreciates all I do for her and the family. To me, these little things mean an awful lot. My dad passed away when I was two, and my mother went back to work, so I grew up basically on my own. No one in my family expressed much emotion. To have her touch me and say that she notices how hard I'm working—that really makes me feel loved.

Cate O'Hare Adams, 39, teacher in Salt Lake City, Utah
Husband: Dan Adams, 39, mechanical-engineering professor
Married eight years; 6-year-old twins



Cate: Before we were even engaged, Dan got his tax refund, and instead of buying himself an expensive mountain bike, he bought two cheaper bikes so we could ride together. It's very important to me to have time for myself, and he makes sure I get it. Even after working a full day, he's always willing to share child-care responsibilities, to do the dishes or suggest going out to dinner, so I won't have to cook. These are the things that I treasure because they tell me he's committed to me, to us as a couple, to our family.

Dan: Cate keeps me balanced. If she knows I've had a hard week, she'll let me sleep in on Saturday morning. Or she'll take the kids out and do the parent thing by herself for a while until I decompress.

Terrie Cohill, 46, artist and homemaker in Blacksburg, Virginia
Husband: Andrew Cohill, 45, professor
Married twelve years; three children, 9, 7 and 4



Terrie: Andrew always checks with me when he needs to schedule business trips to find out what the family plans are. He makes it clear that taking the kids somewhere or picking them up is his responsibility, too. He empties the dishwasher every day before he goes to work, because he knows that's one job I just can't stand. *(continued)*

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Andrew: I travel a lot, and Terrie frequently sticks notes or treats in my suitcase before I leave. It lets me know that she loves and misses me.



Mary Beth Burrill, 40, stay-at-home mom in Voorheesville, New York
Husband: Bill Burrill, 40, information technology manager
Married fifteen years; two children, 9 and 2

Mary Beth: Bill gets up at four A.M. and works a second job delivering papers so I can stay at home with the kids. He takes my car out and fills it with gas, then washes it, so I never have to ask. It's really above and beyond the call.

Bill: I most appreciate that Mary Beth acts as family social director. She keeps our schedules together, plans events, organizes all our vacations. It's very important to me to always have something to look forward to. And she makes sure I do.



Mary Mathis, 39, school librarian in Springfield, Illinois
Husband: Dan Mathis, 41, civil engineer
Married seventeen years; three children, 10, 9 and 6

Mary: The best is that Dan rubs my feet with lotion. Actually, we do it for each other once or twice a week. It's so wonderful! It feels good and it's physical contact. When you have three kids and two jobs, it can be hard to have time together each day. This connects us. I also love it that Dan has me in his daily planner. He has a "Talk to Mary" entry.

Dan: If I've had a hard day, I'll get home to find Mary has lit candles in the bathroom, filled our Jacuzzi—and is waiting to get in with me.

Carol Lynn Mithers is a contributing editor to Ladies' Home Journal.

Mix & Match Plan

LHJ's special arrangement with Carroll Gardens lets you purchase the varieties shown in our garden story, "Always in Flower," on page 210, directly from us. **Please order early; quantities of plants are limited. We fill orders on a first-come, first-served basis.** All will be shipped at the best time for planting in your zone (approximately April 15 to May 30, 1999). *Sorry, we are unable to ship to Alaska, Hawaii, Canada, Mexico or Puerto Rico.* All prices include shipping, handling and applicable sales tax.

SHRUBS

NAME: Snow Flurry Camellia
ZONES: 6 to 8 SIZE: 12–18 inches tall
PRICE: 1 @ $43.95; add'ls @ $35

NAME: Witch Hazel
ZONES: 5 to 8 SIZE: 3–4 feet tall
PRICE: 1 @ $49.95; add'ls @ $44

NAME: Black Pussy Willow
ZONES: 5 to 7 SIZE: 12–18 inches tall
PRICE: 1 @ $29.95; add'ls @ $22

NAME: Peegee Hydrangea
ZONES: 3 to 9 SIZE: 12–15 inches tall
PRICE: 1 @ $29.95; add'ls @ $22

PERENNIALS

NAME: Sunburst Coreopsis (2/pkg.)
ZONES: 4 to 8 SIZE: 4–6 inches tall
PRICE: 1 pkg. @ $29.95; add'l pkgs. @ $2

NAME: Crocosmia Lucifer (2 bulbs/pkg.)
ZONES: 5 to 8
PRICE: 1 pkg. @ $29.95; add'l pkgs. @ $2

NAME: Magnus Purple Coneflower (2/pkg.)
ZONES: 3 to 9 SIZE: 4–6 inches tall
PRICE: 1 pkg. @ $29.95; add'l pkgs. @ $2

NAME: Black-Eyed Stella Daylily (2/pkg.)
Patent #7907
ZONES: 3 to 10 SIZE: 3 Fan Divisions
PRICE: 1 pkg. @ $29.95; add'l pkgs. @ $2

NAME: Alaska Shasta Daisy (2/pkg.)
ZONES: 4 to 9 SIZE: 4–6 inches tall
PRICE: 1 pkg. @ $29.95; add'l pkgs. @ $2

NAME: Iceberg Rose (1/pkg.)
ZONES: 4 to 8
PRICE: 1 rose @ $29.95; add'l roses @ $2

NAME: Goldsturm Gloriosa Daisy (2/pkg.)
ZONES: 3 to 9 SIZE: 4–6 inches tall
PRICE: 1 pkg. @ $29.95; add'l pkgs. @ $2

NAME: Purple Dome N.E. Aster (2/pkg.)
ZONES: 4 to 8 SIZE: 4–6 inches tall
PRICE: 1 pkg. @ $29.95; add'l pkgs. @ $2

NAME: Clara Curtis Chrysanthemum (2/pkg.)
ZONES: 4 to 9 SIZE: 4–6 inches tall
PRICE: 1 pkg. @ $29.95; add'l pkgs. @ $2

NAME: Autumn Joy Sedum (2/pkg.)
ZONES: 3 to 9 SIZE: 4–6 inches tall
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"Baby Minnie" is an original issue in the *Disney Babies in Dreamland* collection by artist Yolanda Bello. It's the *first porcelain doll collection ever* that features Disney Babies clothing and special infant accessories. "Baby Minnie" is handcrafted of delicate porcelain, then hand-painted right down to her rosy cheeks and tiny baby lashes. She has a soft beanbag body that makes her easy to pose and her sleeper features a Baby Minnie motif, with matching cap and blanket. And she comes with a real Disney Baby accessory, all ready to love as your very own!

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"Baby Minnie" issues for $62.99, a wonderful collecting value, and your purchase is protected by our money-back, 365-day guarantee. Now's your opportunity to obtain a doll from the first collection to capture the appeal of the Disney Babies! Place your order for "Baby Minnie" today.

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She's part of the first Disney Babies collection ever!

"Baby Minnie"



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2 inches long.
ıplete with Baby
nie accessory and
ching baby blanket.

ıd-numbered, with
ıbered
tificate of Authenticity
uded.

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PLEASE RESPOND PROMPTLY

YES, please reserve "Baby Minnie." Limit one. I understand I will be billed for the first payment before doll shipment.

- SEND NO MONEY NOW
- 4 EASY PAYMENTS OF $16.99 *(shipping included)*
- 365-DAY, MONEY-BACK GUARANTEE

X _____
Signature Date

_____ ( )
Name (please print clearly) Home Phone

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Address

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City State Zip

Total price of $67.97 includes $4.98 shipping and handling. Sales tax additional on shipments to Illinois. Please allow 10 to 12 weeks for delivery. Canadian price $90.99 plus shipping, handling, and applicable taxes.

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DO YOU KNOW YOUR CHILD'S RIGHTS?

Here, some straight answers to legal questions parents worry about—and hope they never need to ask. By Karen Dale Dustman, J.D.

You try to raise your child to know right from wrong. But sometimes—well, things happen. Just how much trouble can kids find themselves in when they step over the line? Are parents always responsible for their child's misdeeds? And what rights do children have in school and at home?

We asked legal experts some common questions on kids and the law. Keep in mind, though, laws can and do vary considerably from state to state. For questions about your family's particular legal rights or obligations, consult an attorney.

My son was caught [illegible] on a school wall. Will we have to pay for the cleanup?

Get out your checkbook. "Many states now have statutes that make parents liable for willful or wanton damage caused by their child," says Matt Mitten, a professor at South Texas College of Law, in Houston.

State laws typically put an upper limit on such parental liability, although the amount varies considerably. In Ohio, for example, parents might pay a maximum of $10,000 for deliberate property damage by their kids, says Cleveland trial attorney Vincent A. Stafford. California's get-tough graffiti statute, by contrast, can require parents to pay up to $25,000 per incident—and that's beyond the criminal fines (up to $50,000) that can also be levied.

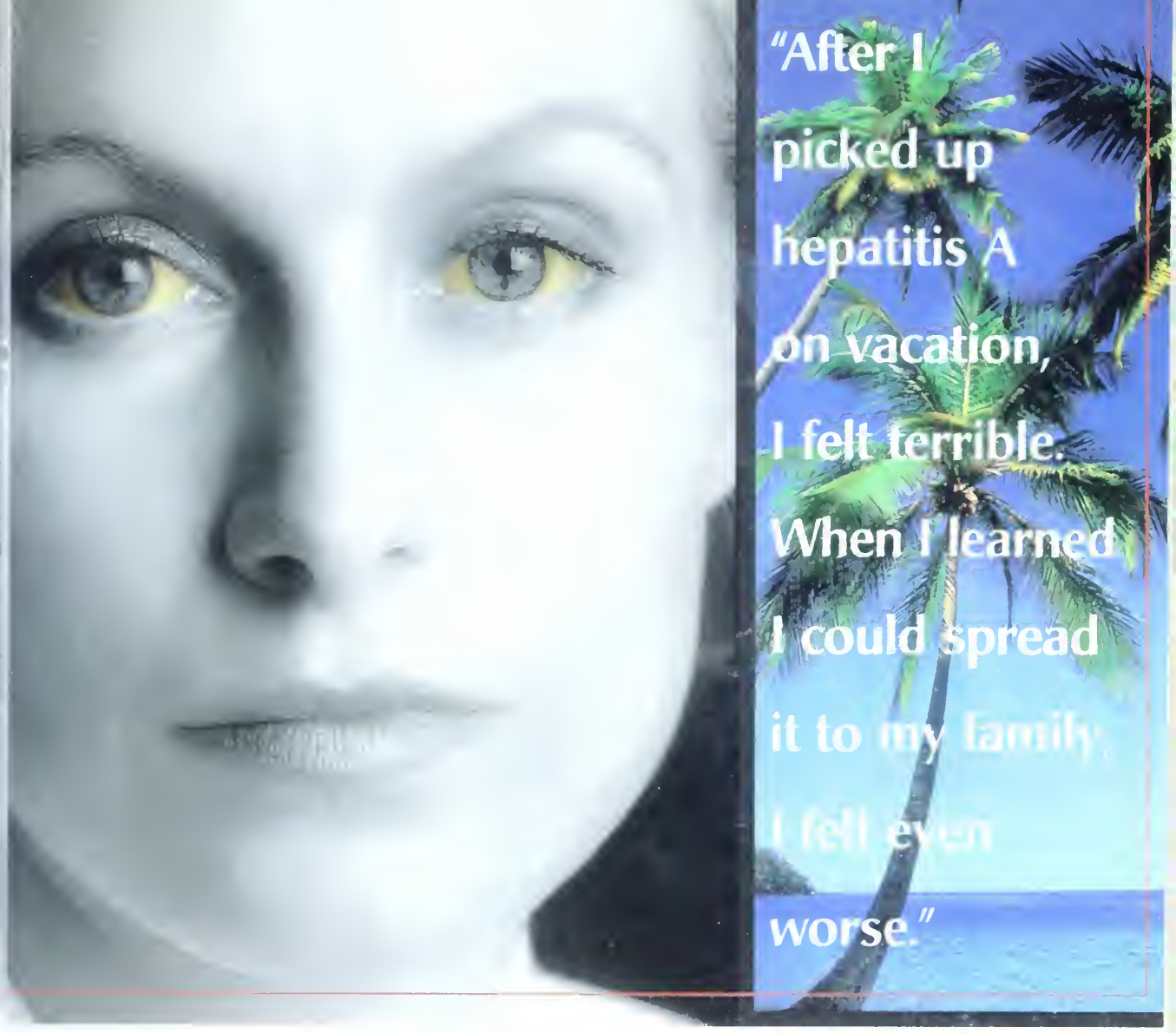
My daughter was taking batting practice in the yard and smashed a neighbor's window. Who pays for the new glass?

"Parents have a responsibility to control the behavior of their children," says David Kuzmeski, an assistant professor of criminal justice at American International College in Springfield, Massachusetts. If you knew your child was playing ball near the neighbor's house and didn't make her move to a safer spot, you would be considered liable. But if you weren't aware that your daughter was playing, that could release you from obligation. Still, your daughter could be held responsible.

Your homeowner's insurance policy might cover the cost of a new window for your neighbor; check the deductible on the liability clause. However, it would be a nice gesture—and a good lesson—to have your daughter dip into her allowance or do errands for your neighbor to work off the debt.

A boy was teasing my daughter in the school yard, and she punched him in the mouth. Now the boy's parents want me to pay the dental bill. Do I have to?

If the boy was attacking your daughter and she was defending *(continued)*



patitis A is a serious and highly contagious liver disease that puts
and your family at risk when you travel overseas.

hepatitis A virus is rampant in many areas of the world, including Mexico, Central and South America, parts Caribbean, Africa, Asia (outside of Japan), Eastern Europe, the Mediterranean Basin, and the Middle East. You ick up the virus very easily from contaminated food, water, or an infected waiter or chef, even at the best hotels esorts.

to 22% of adults who contract hepatitis A are hospitalized, and some will even die. Hepatitis A, a serious ighly contagious liver disease, can cause fever, vomiting, stomach pain, diarrhea, and jaundice (yellowing of skin yes). But as bad as those symptoms can make you feel, you will feel worse if you pass hepatitis A along to your and friends—before you even know you have it. **But hepatitis A can be prevented.**

vaccinated. The U.S. Centers for Disease Control and Prevention (CDC) recommends hepatitis A immunization in ice of traveling to at-risk areas.

Get vaccinated for hepatitis A before your next trip. See your doctor.

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American Liver Foundation

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fistfight with equal force, you wouldn't be responsible for the damages. However, if she struck the boy with a heavy object, or if she attacked him without obvious provocation, that's different. Even if they had started the fight, both children would be equally at fault for the injury.

But a playground war can have more serious consequences. "Many school jurisdictions now have 'zero tolerance' policies for fighting," says Robert C. Fellmeth, professor of public interest law at the University of San Diego. "So regardless of who started the fight, both children could face expulsion." The bottom line: Teach your child to walk away from an argument before it turns into a fistfight.

Teach your child to walk away from an argument before it becomes a fistfight

Last year I was with my thirteen-year-old daughter when she returned from [illegible] with a ring in her nose and a butterfly on her shoulder. Can I [illegible] people who did it?

Absolutely. In many states, tattoo and piercing artists are forbidden to work on minors without parental consent. And even in states without this restriction, these vendors are still expected to use good judgment. Anyone should know better than to tattoo an underage child who walks into a shop without a parent.

Although there's not much case law on the subject, parents can ask a court for both the cost of the decoration and any treatment to undo it. In states like Massachusetts, where tattooing is illegal even for adults, parents can file a criminal complaint against the people responsible.





A classmate has declared all-out war on my daughter—threatening and humiliating her. What can I do to stop the harassment?

Two feuding fifth-graders in Michigan got their answer in 1997. The incessant threats and hair-pulling became so intolerable that one of the mothers went to circuit court, seeking a restraining order to protect her daughter. The judge did better: He gave one to both girls, ordering them to stop bothering each other or risk being sent to a juvenile home.

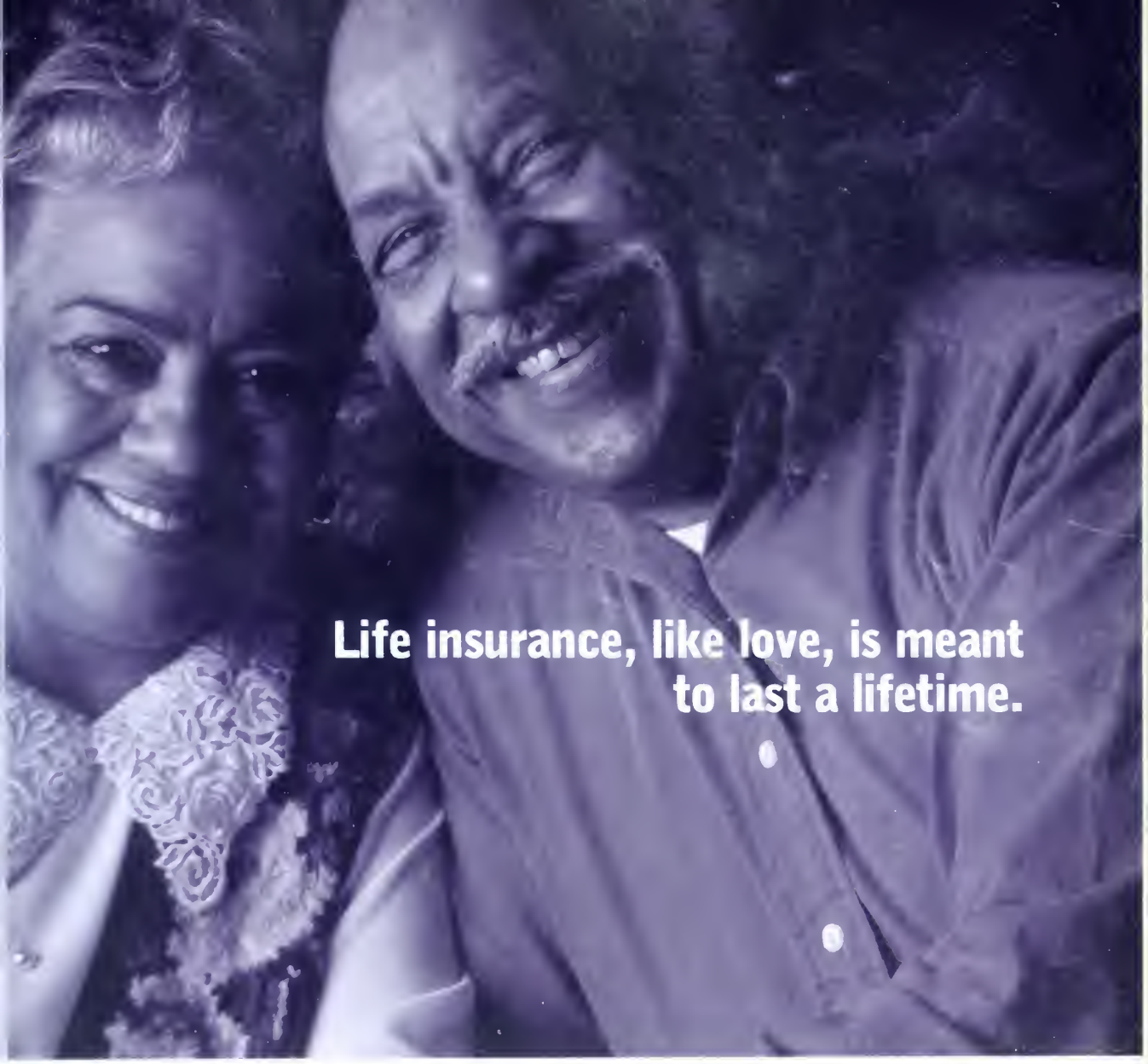
If this classmate is physically hurting your daughter or making serious threats against her safety, by all means take action. Tell the school administration about the problem, and talk to an attorney about obtaining a protective order.

But if it's a case of gossip or name-calling, a court may not want to get involved, because this would fall under the province of free speech. Robert A. Destro, a professor of law at Catholic University, in Washington, D.C., recommends talking to the other child's parents instead. "We need to demonstrate to our kids that problems should be resolved amicably outside of court whenever possible," he says.

My sixteen-year-old son "borrowed" my car and a six-pack when I was out of the house, and was arrested for drunk driving. Will I be held responsible, too?

No. In a case that went all the way to the U.S. Supreme Court, a student athlete protested his school's rule that team members submit to random drug testing. The Court ruled that the school's interest in protecting the health and safety of the players outweighed the intrusion on the students' privacy.

"In a criminal DUI case, no—unless you deliberately provided the alcohol for your teen, or handed him the keys knowing that he was drunk," says Kuzmeski. "However, as the owner of the car, you could be liable for any damage he caused while driving under the influence." Issues in a civil case may include whether the teen had your tacit permission to drive, and whether there was negligence on your *(continued)*



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part, such as leaving the keys in the ignition.

However, if your daughter takes your car without your permission—and there was no negligence on your part, such as giving her a copy of the keys—she'll have sole liability for any fender-benders.

The bigger issue, though, is that an inexperienced teen driver could cause serious harm. One Maryland father (who had been drinking) allowed his unlicensed sixteen-year-old son to take the wheel. The boy accidentally hit and killed a bicyclist, and was found guilty of reckless driving, among other traffic offenses. The father was fined $500 for allowing an unlicensed person to drive his car.



My son was caught stealing a [illegible] player at the electronics store. [illegible] might happen to him—and to [illegible] The penalties will depend, in part, on the value of the stolen goods, whether this was a first offense. Young first-time shoplifters [illegible] have to pay fines and make restitution, and a court may order them only to see a counselor or social worker. Repeat offenders often face harsher punishment—say, time in a boot camp or juvenile facility.

If you know that your child has stolen merchandise in the past and you haven't tried to stop it, you could be liable. In some states, parents can now be ordered to pay the costs of sending their child to a juvenile justice facility, or even a portion of the prosecutor's salary.

My son was accused of sexually harassing a girl in his class. What should I do?

"Don't ignore it," says Margaret Dalton, project director of the Information Clearinghouse on Children at the University of San Diego. In the landmark 1992 case of *Franklin* v. *Gwinnett County Public Schools*, the U.S. Supreme Court ruled that a student can sue a school district for damages related to sexual harassment. As a result, schools take such accusations very seriously, says Dalton. "Many schools now have specific policies for dealing with these incidents."

First, talk to your child and find out his side of the story. Then, contact your son's school and ask what steps they plan to take. Says Dalton, "You and your son have the right to see the written record, if any, that forms the basis for the charge. Find out the facts and make sure the school cooperates in the process. They owe your son a fair hearing, too; failure to give him one can be sex discrimination."

If the charges are substantiated, the punishment will depend on your school and the severity of your son's offense. He could face suspension, expulsion or detention. But if the harassing behavior falls under some criminal law (stalking,



ance), it's unlikely that your
d would face criminal penalties.

r homeowner's policy might re-
urse you for the repairs. And in
e states, you have the right to
amends from the parents

t freedom, at least for students,
: a giant step backward eleven
's ago, when the Supreme Court
d that public school officials
: broad authority to censor arti-
in school-sponsored newspa-
s. Still, to prevent an article
n being published, the school
to show, for example, that an
cle is inappropriate for minors,
ibelous, or could substantially
disrupt school activities. So, if a student wrote an editorial favoring the return of prayer to public schools, and the principal tried to bar it simply because he disagreed with the opinion, the First Amendment would protect the student's right to publish the story.

She can try. At least six states now require that alternative biology projects be made available for students who have moral objections to animal experiments, says Jonathan Balcombe, Ph.D., associate director for education in the Animal Research Issues section of The Humane Society of the United States. Religious or health reasons (such as an allergy to formaldehyde) would also be legitimate grounds for a child to demand a different assignment.

In states that haven't embraced the new ideals, teachers are usually within their rights to stand firm. As a practical matter, however, most schools will allow a student who has moral objections to write a paper, view a video or work on a computer simulation instead.

If the girl is considered underage in your state (the age of consent varies widely), and her parents charge your son with statutory rape, he might go to jail. Some prosecutors appear reluctant to push the penalties, however, if the sex was consensual and if the boy and girl are peers. The statutory rape cases that do end up in court usually involve an older man taking advantage of a younger girl. •

Karen Dale Dustman, J.D., is a former attorney and author.



Worried Sick?

ARE YOU WORRYING YOURSELF SICK? EXPERTS CAN NOW TEST YOUR ANXIETY LEVEL

BY LAURA FRASER

As a child, Dale Ireland always felt a little uncomfortable riding in elevators. Then, during her twenties, a sports injury required an MRI scan. As she slid into the cylinder of the machine, her nose and sides touching the walls, a wave of terror crept up Ireland's body. Her heart began pounding, she felt fidgety all over, and she begged to get out. She felt like she was going to die.

From that moment on, Ireland, now [illegible] and an academic support [illegible] at the University of California at Berkeley, became afraid that she'd experience another panic attack. Driving over a bridge, she had to pull to the side and stop, before slowly white-knuckling her way across. Within a month, she was barely able to leave her house. "I thought I was going nuts," she said.

Ireland kept her fears to herself for several years. She felt ashamed of her irrational anxieties, and tried to conceal them. "How do you tell a colleague that you can't take an elevator to a meeting?" she asks. She spent most of her energy avoiding situations that might make her panicky. Sometimes she couldn't get in a car even when someone else was at the wheel.

"I had a fear of fear, and it consumed my life," she says. Slowly she started talking about the problems. She told her husband she was "probably nuts, and didn't know what to do." Finally she saw a counselor, who realized she had a type of anxiety called a panic disorder and referred her to a specialist.

The Fear of Fear Itself

Anxiety disorders are the most common mental illness in the U.S., according to the National Institute of Mental Health (NIMH). More than nineteen million Americans suffer from an anxiety disorder—over 13 percent of the population. They live with overwhelming fears and worries, which, untreated, can lead to alcoholism (from drinking to calm their feelings), or leave them homebound, afraid to go out into the world. But the good news, says Una McCann, M.D., a psychiatrist who is chief of the NIMH unit on anxiety disorders, is that most sufferers can learn to manage their fears well enough to lead regular lives.

It is normal to feel anxious once in a while, whether it's before a first date or while waiting up for a loved one who is late. But when those fears run wild, causing reactions that are out of proportion to the situation—catastrophic thoughts and frightening physical symptoms—they should be treated, McCann says.

Normal anxiety is designed to protect us. When you are in danger, you have what's called a "fight-or-flight" response. Your body pumps out adrenaline—a hormone that can give you a quick boost of energy to run away from, say, a grizzly bear—and blood supply is diverted from things that aren't essential at the moment, such as digestion, to the muscles. *(continued on page 140)*

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gentle breezes between
es. It s what relaxing s
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when summer sizzles nat
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ABOUT LAMISIL TABLETS

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What are LAMISIL Tablets?

What is onychomycosis?

How do LAMISIL Tablets work?

How to take LAMISIL Tablets

Who should not take LAMISIL Tablets LAMISIL Tablets should

You should be aware of these warnings and precautions when taking LAMISIL Tablets

- As with all medications you should discuss any side effects you experience with your doctor or healthcare professional
- Rare instances of serious liver problems or skin reactions have been reported in patients using LAMISIL Tablets. In such cases, treatment with LAMISIL should be discontinued. Your doctor may ask you to undergo tests before and during treatment with LAMISIL Tablets.
- In clinical studies, 0.9% of patients taking LAMISIL Tablets discontinued therapy because of a skin rash. In rare cases, these skin reactions could indicate a serious side effect. If you notice a rash, stop taking LAMISIL and call your doctor.
- Isolated cases of decreases in white blood cell count have been reported. In all of the reported cases to date, these have been reversible.
- Patients with liver disease or kidney problems should not take LAMISIL Tablets.
- If you have problems with your immune system, your doctor may need to monitor your white blood cell count carefully if you take LAMISIL Tablets for more than 6 weeks. In some cases, LAMISIL therapy may need to be discontinued.
- Changes in the retina and lens of the eye have been reported following the use of LAMISIL. The significance of these changes is not known. In clinical studies, 0.9% of patients discontinued taking LAMISIL because of visual disturbances.
- The tumor-causing potential of LAMISIL has been examined in numerous studies in mice, rats, dogs, and monkeys. Male rats, given a daily dosage approximately 13.8 times the maximum recommended human dose based on body weight, showed a marginal increase in the incidence of liver tumors. No increase in tumors was noted in a wide range of studies in mice, dogs, and monkeys. These tests suggest that this is a finding specific to rats.
- No studies with pregnant women have been done to evaluate the safety of LAMISIL Tablets. Because treatment of onychomycosis can be delayed until after pregnancy is completed, LAMISIL Tablets should not be taken by pregnant women.
- The active ingredient of LAMISIL Tablets, terbinafine, is present in the breast milk of nursing mothers. Therefore, LAMISIL Tablets should not be taken by nursing mothers.
- No studies have been done in children to evaluate the safety of LAMISIL Tablets.
- Talk to your doctor or healthcare professional before combining LAMISIL Tablets with any other medications. Certain medications, including Tagamet®, Sedane®, and rifampin may affect the rate at which LAMISIL is eliminated from the body. However, unlike some other antifungal medications, LAMISIL Tablets has been used safely with many commonly prescribed medications, such as Seldane®, Lanoxin®, or Coumadin®.

Possible side effects Most patients tolerate treatment with LAMISIL Tablets very well. However, like all prescription drugs, LAMISIL Tablets may cause some side effects in some people. These side effects, as determined by three clinical studies, were mild and in general did not lead to discontinuation of treatment with LAMISIL Tablets. The most commonly reported side effects were headache, which occurred in 12.9% of patients, gastrointestinal symptoms including diarrhea (5.6%), upset stomach/indigestion (2.8%), nausea (2.6%), abdominal pain/cramps (2.6%), itching (2.8%), hives (1.1%), and liver enzymes (3.3%) in some patients. These were more frequent than in patients taking

LAMISIL Tablets were prescribed only for you. Do not share LAMISIL Tablets with anyone else. Keep LAMISIL Tablets and all other medications away from children. For more information about LAMISIL Tablets or fungal infections, talk to your doctor or healthcare professional.

Smith Kline Beecham

Medical Manager

NOVARTIS

April 1997

WORRIED SICK?

Continued from page 136

It's also common to feel a quickened heart rate.

For most people, such episodes are rare and progress to an intense level only when they are truly in danger. But some people are much more susceptible to these reactions. They have "anxiety sensitivity," which researchers suspect is partly inherited, since it often shows up in members of the same family.

"People with high anxiety sensitivity have trouble coping with even everyday levels of stress," says Steven Reiss, Ph.D., a psychologist at Ohio State University, in Columbus, who has developed a written test for the condition. "They tend to think every stressful incident is life-threatening," says Reiss. "What we used to call a nervous breakdown we now know as an anxiety disorder."



AS MANY AS 90 PERCENT
PEOPLE WITH ANXIE
DISORDERS CAN BE TREAT

Natural-Born Worriers?

Usually, anxiety disorders aren't diagnosed until people are in their twenties, although they generally show signs at younger ages. Then a stressful event causes the underlying anxiety sensitivity to escalate quickly. "Something usually has to trigger the onset of the disorder," says Laura Miller, M.D., a psychiatrist at the University of Illinois, in Chicago, who is a specialist in women's mental health.

Sometimes the trigger is biological: Women, Miller says, tend to be more vulnerable to panicky feelings right after giving birth and before their menstrual periods, probably because increased hormone levels play a role in creating anxieti
others, an anxiety disorder
triggered by an event, such as
sault, a divorce or a partic
claustrophobic situation.

Women are more likely tha
to suffer from clinical anxiety
ders. Experts believe this is
because they worry more tha
do in general, perhaps bec
they've been programmed tha

"Women have a more sensitive
ger system," Miller says. Fro
evolutionary point of view, w
needed to be more sensitive to
gers to protect their offspring.

There's no particular perso
type that gets anxiety disorder
experts. Some qualities are
mon, however: People with a
disorders tend to be imagin
and creative, and often quite i
gent—they're good at thinkin
potential disasters.

A Range of Problems

There are five main types of a
disorders recognized by psychia
They are panic disorder, obse
compulsive disorder, *(cont*

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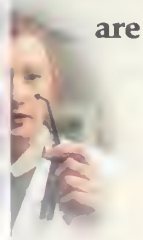


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post-traumatic stress disorder, phobias and generalized anxiety disorder.

Panic disorder is characterized by repeated and unexpected episodes of intense fear, sometimes with no apparent cause. These attacks are often accompanied by physical symptoms that mimic a heart attack—shortness of breath, heart palpitations, trembling, dizziness, sweats and chills.

Frequently, people are so afraid of having these attacks that they avoid normal, everyday activities. As many as 60 percent of people with panic disorder develop agoraphobia, a fear of leaving home, and may have trouble with such simple tasks as shopping and driving.

Panic disorder, which affects three million to six million Americans at some point in their lives, is caused by a combination of a stressful lifestyle, heredity and heightened concerns about normal physical reactions (such as fretting that a stomachache is really cancer). Researchers believe that people who have a panic disorder may have a problem with the suffocation alarm center in the brain, which misfires, making them feel like they can't breathe.

People who have obsessive compulsive disorders (OCD) have repeated, intrusive and unwanted thoughts that seem impossible to control. They may engage in rituals that they know seem strange, but they cannot avoid, such as constantly washing their hands, counting things, hoarding or cleaning. Left untreated, these small, secretive behaviors can take over their lives. OCD is linked to brain abnormalities and is not caused by childhood experiences such as having parents who were very neat and clean. About 2 percent of the American population—equal numbers of men and women—experience OCD in a given year.

Best known for afflicting war veterans, post-traumatic stress disorder (PTSD) is a series of vivid nightmares and flashbacks of a terrifying real-life experience. PTSD is common in those who have lived through a rape, child abuse, a crash or other traumatic events. About 14 percent of Americans have had PTSD at some point in their lives. Sufferers often end up angry and depressed, tend to be easily startled and may have numbed emotions.

About one in eleven Americans suffers from a clinical phobia at some point. People with "social phobias" have an extreme fear of being embarrassed or scrutinized in social situations. While it's normal for people to feel mild anxiety, such as stage fright before a speech, social phobics may obsess for weeks in advance about how they may act at a wedding, for example. In social situations, they may develop symptoms such as trembling, nausea and difficulty speaking—which makes them more afraid to appear in public again. Severe social phobics may withdraw to the extent that they can't make or maintain friendships, turn down chances to advance their careers or even become homebound.

People with specific phobias have an extreme fear of particular things—spiders, snakes, dentists, heights, even vacuum cleaners—causing them to go to great lengths to avoid those things. Someone with a severe snake phobia, for instance, might not only avoid hiking trails, but might even stop reading magazines that could contain a photograph of a snake.

Generalized anxiety disorder (GAD), which afflicts about 3 percent of Americans, involves constant, exaggerated worries about everyday activities. Sufferers may obsess, for instance, that anything they eat will give them food poisoning. Such anxiety can cause restlessness, fatigue, trembling, muscle tension, headaches and nausea. Many people with GAD see several physicians before their underlying condition is diagnosed.

Learning to Relax

While most people who have one of these anxiety disorders recognize that something is wrong, many are afraid to get help. According to a 1998 survey by the National Mental Health Association, fewer than one third receive treatment. The main obstacle identified was shame. Almost two-thirds of the people polled believed (wrongly) that anxiety disorders occur in people who don't have enough willpower to control their emotions or cope with stress. "People are reluctant to admit they *(continued*

STRESS TEST

The anxiety-sensitivity test developed by Reiss is a series of questions that can be administered by any psychiatrist or psychologist. It has been shown to accurately predict, in people as young as nine, who will succumb to a serious anxiety or panic disorder. Here, three sample statements from the test (agreeing with any of them may indicate anxiety sensitivity). The full test is necessary for an accurate diagnosis.

- **It is important for me not to appear nervous.**
- **When I cannot keep my mind on a task, I worry that I might be going crazy.**
- **It scares me when my heart beats rapidly.**

ARE YOU ANXIETY-PRONE?

Every year, a number of organizations get together to sponsor the National Anxiety Disorders Screening Day, which uses another test, "The Mini" (or the Mini International Neuropsychiatric Interview) to detect anxiety and depression. This year the program will be held on May 5 at sites across the country. To find out more, call 888-442-2022. You can get more information on anxiety from one of the following agencies:

- **The National Mental Health Association at 800-969-6642**
- **The Anxiety Disorders Association of America at 301-231-9350**
- **The National Institute of Mental Health at 888-826-9438**



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tec studies with children, most side effects were mild or moderate. Headache was the most ıon side effect. Others included sore throat and stomach ache. Drowsiness occurred in 2% to 4% dren, depending on dose, compared to 1% taking placebo.

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Impairment of Fertility
Pregnancy Category B
Nursing Mothers
Geriatric Use:
Pediatric Use:
ADVERSE REACTIONS
Table 1. Adverse Experiences Reported in Patients Aged 12 Years and Older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence) ZYRTEC (N=2034) Placebo (N=1612) respectively:
Table 2. Adverse Experiences Reported in Pediatric Patients Aged 6 to 11 Years in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg Dose) Which Occurred at a Frequency of ≥ 2% in Either the 5-mg or the 10-mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs placebo (N=309):
Autonomic Nervous System
Cardiovascular:
Central and Peripheral Nervous Systems:
Gastrointestinal:
Genitourinary
Hearing and Vestibular
Metabolic/Nutritional:
Musculoskeletal:
Psychiatric:
Respiratory System
Reproductive
Reticuloendothelial
Skin
Special Senses:
Vision
Body as a Whole:
DRUG ABUSE AND DEPENDENCE
OVERDOSAGE
Marketed by
U.S. Pharmaceuticals
Marketed by
ucb Pharma

WORRIED SICK?

Continued

have a psychiatric illness," says McCann.

Fortunately, as soon as people with anxiety disor... take the first step, the prognosis is good. As mar... 90 percent of people with such problems can be tre... McCann notes. Mild forms of anxiety and stress ca... kept in check with exercise, sufficient sleep, relax... practices such as meditation and yoga, and by avoi... alcohol and caffeine. Early studies show that the c... ing herb kava kava can help—but check with your ... tor before using any remedy.

For more serious cases, psychiatrists are likely to ... scribe antidepressants or benzodiazepines (caln... drugs, such as Valium). These medications are us... used in combination with psychological therapy. "... alone won't cure the problem," says Howard Lieb... M.D., a rehabilitation physician in Vallejo, Califo... who suffered with severe phobias for thirty-one y... and now directs workshops for people with anxiety ... orders. "If you get doped up to take an airplane ... you may make it through, but it's not going to mak... any easier the next time."

The most basic intervention is to learn anxiety m... agement skills—how to relax your muscles, con... your breathing and refocus your thoughts. These t... are effective for lowering anxiety and stress levels ... fore they creep out of control. Another common tr... ment for anxiety disorders is cognitive behav... therapy, a talk therapy that teaches people manager... skills along with new ways of thinking that keep f... in control. In therapy, patients learn to assess situati... more realistically and develop techniques to cha... their responses. "You slowly retrain people to av... catastrophic thoughts," says McCann.

For Dale Ireland, managing her anxiety meant bre... ing her fears down into very small steps. First, ... would just imagine an elevator. Then she would walk ... an elevator and touch the buttons. Then she would ... watch the doors open.

"It was always two steps forward and one step bac... she said. "I had to be patient with myself." But in ... than six months, with the help of her therapist, she ... able to ride the elevator again.

Ireland occasionally feels twinges of panic. "I may h... been going up and down escalators for months, and th... I'll suddenly think I can't do that," she says. But now ... stops, recognizes that she's under stress, and then gi... herself the option to go on the escalator or not. "I n... stand at the escalator for a while until I feel calm befor... can get on it," she says. "Sometimes I'll just laugh and ... alize the fears are only an old habit and walk right on."

Laura Fraser is a contributing editor of Health magazine.

For more information about anxiety and panic disorders, se... the special offer on page 244.



summertime blues





Summer makeup tip. Violet and blue hues on eyes create an exotic, hothouse effect. For diffused softness, line eyes first, smudge, then sweep on a wash of color. Dab lips in center with pale, iridescent gloss for a fuller, pearly pout. For more hot tips, visit one of our Studios and discover Merle Norman color and skin care products. While you're there, receive a free sample of our latest lip colors. For the Studio nearest you, or for franchise information, visit our website at www.merlenorman.com or call (800) 40-MERLE.

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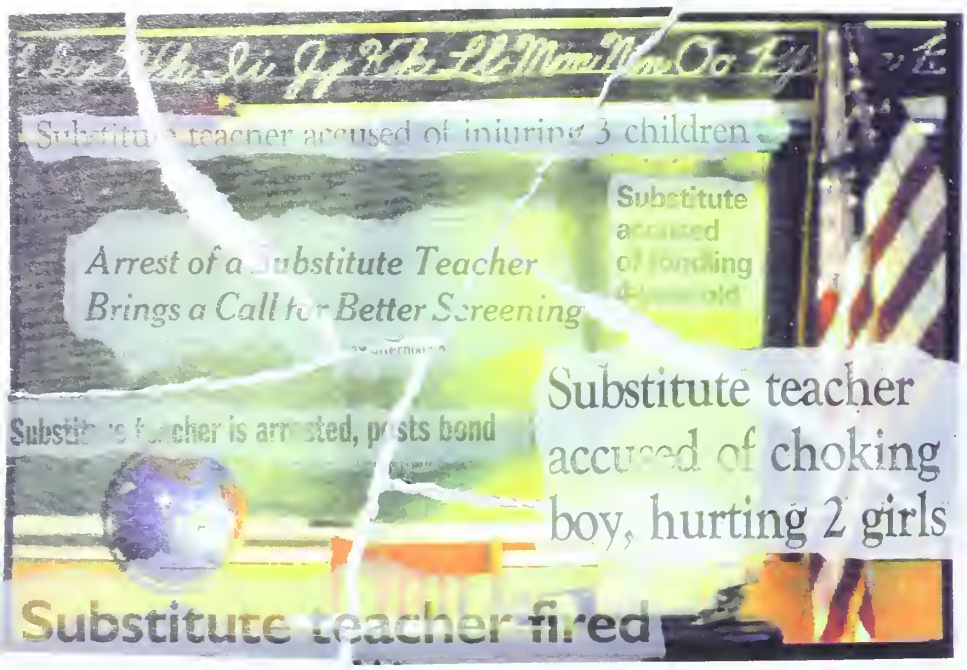
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The Substitute Teachers From HELL

THE PERSON IN CHARGE OF YOUR CHILD'S CLASS THIS MORNING COULD BE UNLICENSED, UNDEREDUCATED—EVEN ABUSIVE BY MICHAEL J. WEISS



LAST YEAR, SUBSTITUTE teacher Daniel J. Kelleher was banned from working at a school in Pinellas Park, Florida, after allegedly touching a thirteen-year-old girl inappropriately. But that didn't stop him from subbing elsewhere. This past January, at nearby Sexton Elementary, a teaching assistant witnessed Kelleher molesting a four-year-old mentally handicapped boy. This time he was arrested for lewd and lascivious behavior and sent to jail where, during a police interview, he made a shocking confession.

Kelleher, seventy-five, said he had molested seven children during as many as 60 percent of his subbing assignments over a seven-year period.

According to the Pinellas County School District, one of the incident with the thirteen-year-old girl was reported, the district investigated. But they say they found no evidence of sexual misconduct. Only after police detectives reexamined old school reports did they realize they had nabbed what one called "a textbook case of a pedophile."

The Kelleher case may be a particularly horrifying example of an unfit substitute teacher, but it's not an isolated incident. The extent of the problem is hard to document because no national organization or government agency maintains statistics on substitute teachers. But educators nationwide report that lax safeguards and a widespread shortage of substitutes are leading schools to open their doors to subs with little experience and sometimes even criminal pasts. In case after case, children are paying the price.

At John F. Kennedy Middle School in Enfield, Connecticut, in 1995 a substitute teacher allegedly arrived at class drunk and hit a student in the head. In 1996, at Chicago's Gregory School, children engaged in sexual misconduct in a bathroom, reportedly unnoticed by the sub in charge of their class. An investigation into substitutes' misdeeds in New York City this year uncovered *(continued on page 153)*

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Knowing your number gives you power, and knowing about Nolvadex should give you hope. Because even if you are at high risk, Nolvadex has now been proven to significantly reduce the incidence of breast cancer in women at high risk.

The proof? In a landmark study of women 35 years or older and at high risk of breast cancer, women who took Nolvadex had fewer breast cancers than women taking sugar pills. Nolvadex decreases but does not eliminate the risk of breast cancer, and did not show an increase in survival.

Nolvadex is not for every woman at high risk. In the study, women taking Nolvadex were 2 to 3 times more likely to develop uterine cancer or blood clots in the lung and legs, although each of these occurred in less than 1% of women. Women with a history of blood clots should not take Nolvadex. Stroke, cataracts, and cataract surgery were more common with Nolvadex. Most women experienced some level of hot flashes and vaginal discharge. **Pregnant women or women planning to become pregnant should not take Nolvadex.** You and your doctor must carefully discuss whether the potential benefits of Nolvadex will outweigh these potential side effects.

Call your doctor and ask for your Breast Cancer Risk Assessment test. For a free video, call 1 800 898-8423 to learn more about Nolvadex and the Breast Cancer Risk Assessment test.

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WHAT ARE THE MOST IMPORTANT THINGS I SHOULD KNOW ABOUT NOLVADEX?

NOLVADEX has been shown to help women with advanced breast cancer and in clinical trials of over 30,000 women with early breast cancer it has been shown to reduce the risk of recurrence. Also in a trial of 13,000 women at high risk of breast cancer, NOLVADEX reduced the risk of developing the disease.

Like all medicines, NOLVADEX has some side effects. Most are mild and relate to its hormonal mode of action. NOLVADEX can increase the risk of some serious and potentially life-threatening conditions, including uterine cancer, blood clots, and stroke. It can also increase the risk of getting cataracts or of needing cataract surgery.

If you experience symptoms of any of these, tell your doctor **immediately** (see "What should I avoid or do while taking NOLVADEX?"). You and your doctor must carefully discuss your personal medical conditions, history, and preferences to decide whether the good NOLVADEX may do for you outweighs its potential risks. If you and your doctor decide that NOLVADEX therapy is right for you, you should look for symptoms indicating you might be experiencing one of the known risks with NOLVADEX.

WHAT IS NOLVADEX?

- NOLVADEX is a prescription medicine used to reduce the risk of getting breast cancer in women who have a high risk of getting breast cancer.
- NOLVADEX is used to treat advanced breast cancer in women and men.
- NOLVADEX is used to reduce the recurrence of breast cancer in women who have had surgery and/or radiation therapy to treat early breast cancer. NOLVADEX is also used in women with breast cancer who are at risk of developing a second breast cancer in the opposite breast.

HOW DOES NOLVADEX WORK?

NOLVADEX belongs to a group of medicines called anti-estrogens. Anti-estrogens work by blocking the effects of the hormone estrogen in the body. Estrogen may cause the growth of some types of breast tumors. NOLVADEX may block the growth of tumors that respond to estrogen.

WHO SHOULD NOT TAKE NOLVADEX?

- You should not take NOLVADEX to reduce the risk of getting breast cancer if you have ever had blood clots or if you develop blood clots that require medical treatment. However, if you are taking NOLVADEX for treatment of early or advanced breast cancer, the benefits of NOLVADEX may outweigh the risks associated with developing new blood clots. Your health care professional can assist you in deciding whether or not NOLVADEX is right for you.
- You should not take NOLVADEX if you are taking medicines [illegible] blood [illegible] coagulants) like warfarin [illegible]
- [illegible] NOLVADEX if you plan to become pregnant. NOLVADEX or during the two months after [illegible] NOLVADEX may harm your [illegible] You should not take NOLVADEX if you [illegible] the drug. Please talk with [illegible] recommendations. If you are [illegible] start NOLVADEX [illegible] have regular periods [illegible] pregnancy test before beginning [illegible]
- [illegible] are breast feeding.
- [illegible] you have eye [illegible] tamoxifen citrate.
- NOLVADEX is not known to reduce the risk of breast cancer in women with changes in breast cancer genes (BRCA1 or BRCA2).
- You should not take NOLVADEX to decrease the chance of getting breast cancer if you are less than age 35, because NOLVADEX has not been tested in younger women.
- You should not take NOLVADEX to reduce the risk of breast cancer unless you are at high risk of getting breast cancer. Certain conditions put women at high risk and it is possible to calculate this risk for any woman. Breast cancer risk assessment tools to help calculate your risk of breast cancer have been developed and are available to your health care professional. You should discuss your risks with your health care professional.
- Children should not take NOLVADEX because treatment for them has not been sufficiently studied.

HOW SHOULD I TAKE NOLVADEX?

- You will take NOLVADEX differently, depending on your diagnosis.

For treatment of breast cancer in adult women and men, the usual dose is 20-40 mg a day. Take the tablets once or twice a day depending on the tablet strength prescribed. If your doctor has prescribed a different dose, do not change it unless he or she tells you to do so. For women with early breast cancer, NOLVADEX should be taken for 5 years. For women with advanced cancer, NOLVADEX should be taken until your doctor feels it is no longer indicated.

For reduction of the risk of breast cancer, the usual dose is 20 mg a day, for five years.

- Do not stop taking your tablets unless your doctor tells you to do so.

ARE THERE OTHER IMPORTANT FACTORS TO CONSIDER BEFORE TAKING NOLVADEX?

- Tell your doctor if you have ever had blood clots that required medical treatment.
- Because NOLVADEX may affect how other medicines work, always tell your doctor if you are taking any other prescription or non-prescription (over-the-counter) medications, particularly if you are taking warfarin to thin your blood.

WHAT SHOULD I DO WHILE TAKING NOLVADEX?

- If you see a health care professional who is new to you (an emergency room doctor, another doctor in the practice), tell him or her that you take NOLVADEX.
- If you are taking NOLVADEX to reduce your risk of getting breast cancer, you should know that NOLVADEX does not prevent all breast cancers. While you are taking NOLVADEX and in keeping with your doctor's recommendation, you should have annual gynecological checkups which should include breast exams and mammograms. If breast cancer occurs, there is no guarantee that it will be detected at an early stage. This is why it is important to continue with regular checkups.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NOLVADEX?

The most common side effects reported with NOLVADEX are: hot flashes; vaginal discharge or bleeding, and menstrual irregularities (these side effects may be mild or may be a sign of a more serious side effect). Women may experience hair loss or skin rashes, however, hair loss is uncommon and is usually mild.

A rare but serious side effect of NOLVADEX is a blood clot in the veins. Blood clots stop the flow of blood and can cause serious medical problems, disability or death. Women who take NOLVADEX are at increased risk for developing blood clots in the lungs and legs. Some women may develop more than one blood clot, even if NOLVADEX is stopped. Women may also have complications from treating the clot, such as bleeding from thinning the blood too much. Symptoms of a blood clot in the lungs may include sudden chest pain, shortness of breath or coughing up blood. Symptoms of a blood clot in the legs are pain or swelling in the calves. A blood clot in the legs may move to the lungs. If you experience any of these symptoms of a blood clot, contact your doctor immediately.

NOLVADEX increases the chance of having a stroke, which can cause serious medical problems, disability, or death. If you experience any symptoms of stroke, such as weakness, difficulty walking or talking, or numbness, contact your doctor immediately.

NOLVADEX increases the chance of changes occurring in the lining of your uterus (endometrium), which can be serious and could include cancer of the uterus. If you have not had a hysterectomy (removal of the uterus), it is important for you to contact your doctor immediately if you experience any unusual vaginal discharge, vaginal bleeding, or [illegible] irregularities; or pain or pressure in the pelvis (lower [illegible] ache). These may be caused by changes to the lining of [illegible] uterus (endometrium). It is important to bring this to [illegible] doctor's attention without delay as they can occasionally indicate the start of something more serious, [illegible] include cancer of the uterus or other changes to [illegible]

NOLVADEX may cause cataracts or changes to parts of [illegible] eye known as the cornea or retina. NOLVADEX can increase the chance of needing cataract surgery, and can cause clots in the veins of the eye. NOLVADEX can result in [illegible] in distinguishing different colors. If you experience changes in your vision, tell your doctor immediately.

Rare side effects, which may be serious, include changes [illegible] problems such as jaundice (which may be seen as yellowing of the whites of the eyes).

If you are a woman receiving NOLVADEX for treatment of advanced breast cancer, and you experience excessive [illegible] vomiting or thirst, tell your doctor immediately. This may mean that there are changes in the amount of calcium in the blood (hypercalcemia). Your doctor will evaluate this.

In patients with breast cancer, a temporary increase in the size of the tumor may occur and sometimes results in pain, aches/bone pain and skin redness. This condition may occur shortly after starting NOLVADEX and may be associated with a good response to treatment.

Many of these side effects happen only rarely. However, you should contact your doctor if you think you have any of these or any other problems with your NOLVADEX. Some side effects of NOLVADEX may become apparent soon after starting the drug, but others may first appear at any time during [illegible]

This summary does not include all possible side effects of NOLVADEX. It is important to talk to your health care professional about possible side effects. If you want to read more, ask your doctor or pharmacist to give you the professional labeling.

Keep NOLVADEX in its original prescription container, out of the reach of children.

Do not take your tablets after the expiration date on the container. Be sure that any discarded tablets are out of the reach of children.

This leaflet provides you with a summary of information about NOLVADEX. Medicines are sometimes prescribed for purposes other than those listed. NOLVADEX has been prescribed specifically for you by your doctor. Do not give your medicine to anyone else, even if they have a similar condition, because it may harm them.

If you have any questions or concerns, contact your doctor or pharmacist. Your pharmacist also has a longer leaflet about NOLVADEX written for health care professionals that you may ask to read. For more information about NOLVADEX and cancer, call 1-800-34 LIFE 4.

Rev[illegible]

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Continued from page 148

a number of horror stories: subs touching children sexually, showing students gory photographs, asking for marijuana, and falling asleep.

"It's a case of Russian roulette when it comes to what kind of sub students will get," says Barbara Radner, director of DePaul University's Center for Urban Education, in Chicago. "I've heard more than one principal talk about subs who simply gave up and abandoned their classes. The situation is chaos."

Educators maintain that the percentage of subs who intentionally harm children is probably very small. But the troubling reports come at a time when demand for substitute teachers has never been higher. Colleges are turning out fewer graduates in education due to the low birthrates of the mid-seventies, and recent college students are reluctant to enter the traditionally low-paying profession. The net effect is a shortage in regular teachers so acute that 25 percent of instructors are now teaching outside their subject areas.

With student enrollments growing and an increasing number of regular teachers retiring, many districts are luring the best and brightest subs into full-time employment (or long-term assignments for teachers on sick or maternity leave), shrinking the pool of qualified instructors as the booming economy draws others to higher-paying jobs in the private sector. Most subs earn between $50 and $100 a day, with no benefits.

To combat the current sub shortage without straining tight budgets, some school administrators are resorting to relaxed standards. In fact, many states have no licensing requirements for substitutes. Some districts in Chicago are recruiting police officers and firefighters who have no teaching experience to sub in high-crime areas. In some parts of Kentucky, a sub need only have a high-school equivalency certificate. "You could have a person teaching twelfth grade who never *completed* the twelfth grade," says Warren Fletcher, chair of the National Substitute Teachers Caucus, an advocacy group in Alhambra, California.

"Would you go to a substitute doctor who never went to medical school?" asks Jean Miller, director of new teacher assessments for the Council of Chief State School Officers, in Washington, D.C. "That's what's happening in the schools. But the supply-and-demand issue makes it hard to upgrade the requirements. It's a catch-twenty-two."

The Revolving School Door

Substitute teachers who lack classroom management skills may react poorly if their charges misbehave. At Belmont Hills Elementary School in Smyrna, Georgia, for example, eight-year-old Lindsey Foster, an otherwise good student, kept standing up in class one day last spring. The substitute proceeded to tie him to his seat with the straps of his backpack.

"It left him embarrassed and humiliated," says Lindsey's mother, Sherita Foster. "I told my son that he was wrong for not sitting down. But when that sub couldn't control him, she should have just taken him to the office." The sub, a four-year veteran with a previously untarnished record, was fired, but because no formal charges were filed, she can easily go on to work in another county. "If I tied my child to a chair," Foster says angrily, "the department of family and children services would be all over me."

Foster also alleges that the principal failed to notify her immediately of what had happened to her son, and Lindsey was too ashamed to admit that he'd been victimized until several days later. Even after Foster learned the truth, she says school officials refused to discuss details until the school had completed its own investigation. Foster is now contemplating suing the school. School officials won't comment on the case because of the possibility of litigation.

With many states lacking effective ways to track problem subs, those who repeatedly mistreat *(continued)*

HOW TO KEEP BAD SUBS OUT OF SCHOOL

No system is foolproof, but parents stand a better chance of preventing unfit people from becoming substitute teachers by taking the following steps:

1 Learn the school's policies about reporting problems with substitutes. Any adverse information should be reported to a central office that shares it with neighboring jurisdictions and a state agency.

2 Work with the local PTA to press the school district to increase its salaries for substitutes, conduct thorough background checks before hiring subs, maintain an up-to-date list of subs deemed ineligible to teach, and develop a mandatory training course in classroom management and discipline for all temporary instructors.

3 Lobby the state department of education to operate an online repository of ineligible subs in school districts across the state, and tell local politicians to create laws that raise the standards and salaries of substitute teachers. To encourage national leaders to take notice, write your member of Congress, c/o U.S. House of Representatives, Washington, DC 20515.

4 Don't take any reports of a problem substitute teacher lightly. Make sure officials conduct an in-depth investigation. Too many incidents are ignored or superficially probed, allowing dangerous subs to continue working.

5 Teach children about inappropriate behavior in the classroom. Tell them to let both you and another teacher or the principal know right away if they encounter a problem with a substitute teacher.

—M.J.W.

children can be routinely rehired. The New York City investigation revealed that schools could have averted a number of incidents simply by conducting basic background checks. In a report entitled "Recurring Nightmares," Edward F. Stancik, special commissioner for the New York City school district, blamed oversight for the hiring of many subs already deemed ineligible due to prior infractions.

One case involved Daniel Sullivan, a substitute teacher hired in November 1997 by P.S. 52 in Brooklyn despite having been dismissed from a parochial school for having inappropriate contact with male students. Because no one at P.S. 52 had interviewed him, Sullivan remained on the job until two boys reported that he had given them candy, tried to hug them and taken their pictures. When questioned, Sullivan denied any inappropriate behavior.

Sullivan was fired, but no one added his name to the district's list of ineligible subs. Dismissed on a Friday, he was hired by another school on Monday and went on to work at more than ten other places. "Little, if any, inquiry was made into the background of individuals seeking to hold these positions," wrote Stancik in his groundbreaking report.

In another example of poor quality control, sixty-five-year-old Hermina Brunson, filling in for a fifth-grade teacher at P.S. 127 in East Elmhurst, Queens in 1998, struck two students in the face and knee with a chair. If school officials—specifically a secretary assigned to the task—had simply consulted the district's sub list, they would have seen that in 1983, Brunson had resigned from her substitute post at a junior high in another district after being placed on an ineligible sub list for hitting one of her students with an electrical cord.

Brunson pleaded guilty to child endangerment in the chair incident. She was convicted, but allowed to go free on the condition that she att an anger-management workshop a never work with children aga Though some critics called the c come overly lenient, "The outco was appropriate in light of her a and the circumstances," says M de Bourbon, spokeswoman for t Queens District Attorney's Offi which prosecuted Brunson. "T goal is to see to it that this pers never returns to the schools and t she gets some help."

But as Florida's Daniel Kelleh demonstrated, subs can do dama no matter what their age. The qu man worked steadily as a substitu for nearly three decades, often in e mentary schools for emotionally tr bled or mentally-disabled studen "He targeted those children wh would have no idea that what he w doing was wrong," says Shirl Atherton, the detective investigati the latest case for the Pinellas Pa Police Department.

Kelleher was arrested only after h was caught fondling a young bo



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rough his clothing, according to urt affidavits. In 1998, two staff embers at the Nina Harris Excepnal Student Education Center rerted that he'd improperly touched thirteen-year-old girl. But schoolstrict investigators felt their statents did not support criminal arges, and Kelleher was allowed to ntinue working at other schools. hen he was finally jailed, however, e police came to a different conclun about the earlier reports and ed charges in that case, as well.

Kelleher had "obviously been dog this a long time," Atherton says. rosecutors are seeking a nine-year ison term.

She Lost It"

ne evening last November, John ohman, an outgoing and athletic ne-year-old from Carrollton, Texas, old his family that a substitute acher had choked him at school at day during a charades-like game. e now had a sore throat and was having trouble breathing. John's mother, Jacquelyn, rushed him to the hospital, where physicians found evidence of soft-tissue damage to his neck and summoned the police. The substitute, Deena Murdoch, was charged with three felony counts of injuring a child (she allegedly bruised and scratched two girls, as well). At press time, the case was going before a grand jury.

Murdoch, fifty-two, had been removed from a list of potential substitutes at Indian Creek Elementary that afternoon. But, alleges Hohman, after the children had been examined by the school nurse, they were sent back to class. "We live in an upscale area, and I feel the principal wanted to keep her precious school untainted." Hohman charges. "She never called me." Nor anyone else, it appears. "The indication we have is that [the sub] just kind of lost it," says Jack Adams, a spokesman for the Carrollton police department. "But we didn't hear that from the school. We didn't get a report until the hospital called us."

So far, Indian Creek's principal isn't talking to the press, but district officials insist the school acted legally and appropriately. "In our training class, we instruct our substitutes not to touch the kids, and we verified that this person attended the class," says Jed Reed, assistant director of personnel for the Lewisville Independent School District.

Police complain that in such cases, the ever-present fear of litigation makes it difficult to investigate sub misconduct. Detectives learned that there was a file on Murdoch in the neighboring Plano school district, which administrators there refused to release. Carrollton police had to file a subpoena to gain access to the records, which remain undisclosed.

Deena Murdoch's attorney, Ted Steinke of Dallas, says only that "we are going to vigorously defend against all charges."

As the legal tangles *(continued)*

...TE TEACHER...

...urge on, the Hohman family is still dealing with the emotional aftermath. Following the incident, John had nightmares and stayed out of school for two weeks. Says Hohman, "He's not a shy child, but you just say 'substitute' now, and he freaks out."

Tougher Checks, Better Pay

Despite this bleak portrait, some educators see signs of improvement. Several states keep registries of unfit subs to prevent repeat offenders from being hired again and again. In Chicago, subs must now report to work with an identification card carrying a photograph and record of their employment history, which they swipe through a machine in school offices so officials can quickly confirm their qualifications. New York City plans to adopt a similar system.

But improved tracking and new technology can't solve the problem of sub shortages or quality. The U.S. Department of Education estimates that two million new teachers will be needed nationwide over the next decade. As district officials scramble to fill full-time posts with qualified instructors, many will continue looking for ways to save time and money on subs. Ultimately, schools will get what they pay for, warns Warren Fletcher. "Our answer is 'Pay quality wages, provide benefits and training, and you'll get quality people.'"

...and other educators advocate requiring all subs to be licensed and to be paid wages more comparable to those of regular teachers. Maintaining the status quo, Fletcher declares, is a mockery, given that roughly 8 percent of teachers are absent on any given day. Theoretically, between kindergarten and high school, a child could spend the equivalent of an entire grade being taught by a substitute.

But Fletcher's voice is still a minority in the educational establishment. The National PTA advocates background checks for regular teachers, but has no policy on substitutes. Only this year did the National Education Association approve a measure to start the lengthy process of collecting state-by-state data on licensing requirements for substitute teachers.

BETWEEN KINDERGARTEN AND HIGH SCHOOL, A CHILD MAY SPEND THE EQUIVALENT OF AN ENTIRE GRADE BEING TAUGHT BY A SUBSTITUTE

A few states, like California, have led the way in increased vigilance with a requirement that all substitute teachers be fingerprinted, have a qualifying educational history and pass a basic skills test. California also operates a statewide registry of full-time teachers and substitutes who have been disciplined for wrongdoing. But "subs can still move from state to state, and no one would know they have a criminal history," says Sam Swofford, executive director of the California Commission on Teacher Credentialing.

As long as oversight remains a local issue, parents have little assurance that their children will be safe at the hands of a substitute teacher, Swofford adds. "We just don't have a nationwide system for protecting children." •

Michael J. Weiss is a contributing editor to Ladies' Home Journal.

RIMADYL
(carprofen)
Caplets

Non-steroidal anti-inflammatory drug
For oral use in dogs only

CAUTION Federal law restricts this drug to use by or on the or... licensed veterinarian

DESCRIPTION Rimadyl (carprofen) is a non-steroidal anti-inflam... drug (NSAID) of the propionic acid class that includes ibuprofe... and ketoprofen

INDICATIONS Rimadyl is indicated for the relief of pain and inf... in dogs Rimadyl was shown to be clinically effective for the rel... associated with osteoarthritis in dogs.

DOSAGE AND ADMINISTRATION The recommended dosage f... administration to dogs is 1 mg/lb of body weight twice daily. Ca... scored and dosage should be calculated in half-caplet increme...

CONTRAINDICATIONS Rimadyl should not be used in dogs exh... previous hypersensitivity to carprofen

PRECAUTIONS As a class, cyclo-oxygenase inhibitory NSAIDs ... associated with gastrointestinal and renal toxicity. Effects may ... from decreased prostaglandin production and inhibition of the ... cyclo-oxygenase which is responsible for the formation of pros... from arachidonic acid. When NSAIDs inhibit prostaglandins tha... inflammation they may also inhibit those prostaglandins which ... normal homeostatic function. These anti-prostaglandin effects ... in clinically significant disease in patients with underlying or pr... disease more often than in healthy patients. NSAID therapy cou... occult disease which has previously been undiagnosed due to t... of apparent clinical signs. Patients with underlying renal disease f... may experience exacerbation or decompensation of their renal ... while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, side eff... may occur with its use. The most frequently reported effects ha... gastrointestinal signs. Events involving suspected renal, hemato... neurologic, dermatologic, and hepatic effects have also been re... Patients at greatest risk for renal toxicity are those that are dehy... on concomitant diuretic therapy, or those with renal, cardiovasc... hepatic dysfunction. Since many NSAIDs possess the potential t... gastrointestinal ulceration, concomitant use of Rimadyl with othe... inflammatory drugs, such as corticosteroids and NSAIDs, should ... or very closely monitored. Sensitivity to drug-associated adverse ... varies with the individual patient. For example, Rimadyl treatment ... associated with renal toxicity or gastrointestinal ulceration in we... controlled safety studies of up to ten times the dose in dogs.

Since a significant number of patients receiving Rimadyl are olde... is advisable to conduct a geriatric examination and to consider a... laboratory tests to establish hematological and serum biochemic... data prior to administration of any NSAID. Periodic monitoring m... appropriate in certain patients. **Owners should be advised to watch for signs of drug intolerance, such as inappetence, vomiting, diarrhea, PU/PD, anemia, jaundice, lethargy, ataxia, seizure, or behavioral ...** (See Adverse Reactions section.) Recognition of possible drug-relat... signs accompanied by withdrawal of the drug, and supportive the... appropriate, has resulted in recovery of the vast majority of patie... side effects of this drug class, in rare situations, may be serious ... corrective action is not taken may result in hospitalization and eve... outcomes.

Rimadyl is not recommended for use in dogs with bleeding disord... Von Willebrand's disease), as safety has not been established in ... these disorders. The safe use of Rimadyl in pregnant dogs, dogs ... breeding purposes, or in lactating bitches has not been establishe... to determine the activity of Rimadyl when administered concomita... other protein-bound drugs have not been conducted. Drug compa... should be monitored closely in patients requiring additional therap...

WARNINGS Keep out of reach of children. Not for human u... Consult a physician in cases of accidental ingestion by hum... **For use in dogs only.** Do not use in cats.

ADVERSE REACTIONS During investigational studies, no clinically ... adverse reactions were reported. Some clinical signs were observ... field studies (n=297) which were similar for carprofen- and placeb... dogs. Incidences of the following were observed in both groups: v... (4%), diarrhea (4%), changes in appetite (3%), lethargy (1.4%), beh... changes (1%), and constipation (0.3%). The product vehicle served a...

The following occasionally occurring adverse drug reactions have ... reported in association with the clinical use of Rimadyl:

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hemate... gastrointestinal ulceration.*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggres...*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, h... enzyme elevation, abnormal liver function test(s), hyperbilirubinem... hyperbilirubinuria, hypoalbuminemia. Approximately one-third of h... reports were in Labrador Retrievers.*

Renal: *Hematuria, polyuria polydipsia, urinary incontinence, urinar... infection, azotaemia, acute renal failure, tubular abnormalities inclu... acute tubular necrosis, renal tubular acidosis, glucosuria.*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs.*

Hematologic: *Immune-mediated hemolytic anemia, immune-mediat... thrombocytopenia, blood loss anemia.*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic... dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecch...*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema.*

To report suspected adverse reaction call 1-800-366-5288.

STORAGE Store at controlled room temperature 15°–30°C (59°–86°...

HOW SUPPLIED Rimadyl caplets are scored, and contain 25 mg, 75 ... 100 mg of carprofen per caplet. Each caplet size is packaged in both ... containing 100 or 250 caplets.

To obtain technical assistance, call 1-800-366-5288.

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ee brief summary on adjacent page for important information

Proprietary market research, 1998. Data available. Pfizer Animal Health

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SEX, LIES AND VIDEOTAPES

DYING FOR TIME ALONE WITH YOUR HUSBAND? TAKE IT FROM ME, DESPERATE TIMES DEMAND DESPERATE MEASURES. . . .

BY MELINDA MARSHALL

AS I WAS READING *Hansel and Gretel* to my youngest the other night, it finally dawned on me what this story was *really* about.

You know how the wicked stepmother took the kids into the forest claiming she was too poor to feed them anymore? That was a ruse. My take is, the new wife was simply acting out of frustration, having grossly underestimated the effect children would have on her sex life. There she is, a recent bride fixing dinner, the kids fighting at the table, when in walks her macho woodcutter husband.

"Whaddya say," she whispers in his ear, "we have a little quiet time together, just you and me? Your mother could take the kids for the night—maybe even for a couple of days."

"My mother?" says the husband. "That *witch*?"

"Oh, honeybun," she purrs, draping her arms around his neck and [illegible] shirt buttons. "She [illegible] grandchildren. She thinks they're absolutely yummy. Let's send them over. *Tonight.*"

Naturally, the husband complies. Mine would, in a heartbeat, even if his mother were Joan Crawford. Problem is, we don't have any relative who will take our three children off our hands, unless we die in a plane crash. We have paid out handsomely for sitters to spell us for the biannual Weekend Away, but these escapes are by no meas enough. There's our health to co sider: Reproductive hormones th aren't routinely purged tend to pi le the female brain. Testosteron I'm fairly sure, starts backing up n men's cerebrums until they becom sociopaths—or they're compelled t run for public office. It's not just t sex, either: We crave connection, parents. We lust for an open-ende uninterrupted period of time i which we don't have to *do* anythi or *be* anywhere.

Well, we need the sex, too. B either way, the question remain *What do we do with the kids?*

Back when I had only one chil and that child was just a baby, didn't see the necessity of maki time for intimacy. I was in a state neutered by childbearing and nur ing that I honestly couldn't remem ber why a man and a woman woul engage in anything so physical ridiculous as the sexual act except propagate the species—and I w done with all that.

But amazingly, within seve months of delivering my first child was pregnant with my second. was not, I'm fairly sure, an immacu late conception. I must have bee asleep (my life ambition at th time). Or I was awake but not co scious. Or I was conscious but completely addled I forgot to tak precautions. Or I took precaution but, as my husband insists, ever child you bring into the world up your fertility by a factor of ten.

My friend Carolyn is a perfect ex ample. She planned her secon child, right down to calculating th her optimal time for conception wa the very morning her husband ha to catch a flight out of town on bus ness. Carolyn is a woman not easil deterred. "We've gotta go make baby right now," she informed he husband as he packed his socks. T his credit, he was ready to oblige o the spot. But what about Eliza? h asked her.

(continued



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VIDEOTAPES

wound up strapping their tod- her high chair. ("This is so aw- arolyn confides, "you can't use ame.") Since Eliza's favorite at the time was eating, Carolyn that by loading her tray with peanut-butter crackers, they'd bought themselves a good ten minutes. And bingo! Carolyn got pregnant.

Nobody I've shared this story with has been too horrified. And the irony is, there's never a better time to sneak off for some afternoon delight than when your children are infants. Think about it: Babies nap a lot. They find their own toes endlessly amusing. And they can't bust into your bedroom when they need something terribly urgent, like a drink of juice. But I didn't see that until I had my third child, and by then it was too late.

For a long time we kept our bed off-limits to nighttime intruders, but inevitably, security was breached because it was just easier to haul the child in with us and go back to sleep. All those pathetic things young children say—"I'm afraid" or "I can't sleep" or "I'm cold"—are actually part of a subconscious plot of theirs to prevent you from hatching any more siblings. And it's terribly effective: There's a four-year gap between our second and third child.

But at some point, my husband and I got tough, as my own parents must have. My five brothers and I knew, growing up, that you did not go near our parents' closed door unless the house was burning down. Fever, plagues, locusts, a vomiting dog—if their door was closed, we knew to handle it ourselves.

So, excellent parents that we are, we, too, have encouraged our three kids (ages eight, seven and three) to be problem-solvers, at least on weekend mornings. Friday night we put plastic bowls and s of milk (a gal- child) and n shelf of the the roll of pape want the kids to understand that even a whole quart of milk on the floor is nothing to cry for Mom about.

To ensure that they stayed glued to the TV for hours on weekend mornings, we eliminated TV viewing during the week. We also told them that the minute we got up, cartoon viewing would end for the day. "So guys," my husband clarified, "keep the sound down, huh? Any fights, any screaming—you settle it yourselves, okay? Because if Mom or I have to get up, *the TV goes off.*"

BE ADVISED: YOUR KIDS PLOT TO PREVENT YOU FROM HATCHING MORE SIBLINGS

That put the fear of God into 'em. We've had near perfect compliance.

I've been told about a number of variations on this plan. Nintendo games, according to one father of two boys, must be the split-screen, two-player variety—and again, you want to ration the treat.

In case of an emergency—as in, you absolutely *must* finish what you've started but the kids won't leave you alone—pull out the ol' Disney World promise. You tell your offspring, as you retreat back into the bedroom, that you and Dad are planning a vacation to Disney World for the entire family. But you must have ABSOLUTELY NO INTERRUPTIONS or the trip's off and nobody gets to go, EVER.

At some point, neither treats, nor TV, nor Nintendo 64, is going to keep your children distracted long enough to allow you to accomplish anything of lasting value in your bedroom. They're too old. They're too wise. They've spent too many afternoons comparing notes in the back of the bus.

You have to get rid of them.

In fact, after reading *Hansel and Gretel*, I decided it was time to turn my own kids out into the woods. So one weekend, after sending my youngest off on an overnight visit t Grandma's, I got our tent out of th garage and set it up in the backyar The older children were besid themselves with this unexpecte grant of independence. They wante to live out there. They weren't com ing into the house, they said, unles a tornado touched down.

I should add that I hedged ou bets by stocking their cave wit enough gear and food to outfi them for the Iditarod. Flashlights spare batteries, a radio, a tape deck



Legos, snacks. We warped their interest by playing mind games: "No—no, we're not letting you stay out all night," we said. "You're just too young. You'll be scared. You'll want to come in, and then you'll wake *us* up, and then we'll be tired and irritable." *But we ARE ready,* they pleaded. *Pleeeze let us sleep out there. We promise, we won't get scared! We won't come in! Promise!*

Darned if they didn't stay zipped in that tent for nearly twelve hours.

My husband and I find this very encouraging. The day is coming, obviously, when we won't have to go to such lengths to steal our pleasures. But that does beg an important question: Will they still be such pleasures if we no longer have to steal them? ●

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Mystical gems and dragons spring to life in the stories of Ma Rudes, whose imagination helps him fight an incurable illness. By Cynthia Hanson

THE MAGIC BOY

In many ways, Mathew Rudes is just like other aspiring authors. He keeps a journal, using personal experience to develop characters and plots. He draws inspiration from many sources, including *I Love Lucy* and Michael Crichton's best-sellers. He struggles with writer's block once in a while. And when a Hollywood studio turned down his first novel, Matt didn't let the rejection stop him from starting another book.

That's where the similarities end. Mathew Rudes is twelve years old, so the fact that he produced a manuscript worthy of a producer's attention is remarkable enough. But what makes it even more impressive is that Matt has neonatal Marfan syndrome, a rare congenital disease that has severely damaged his heart, bones, eyes and connective tissue.

His illness is a more severe manifestation of classic Marfan syndrome, a connective-tissue disorder that affects an estimated two hundred thousand Americans (Abraham Lincoln is thought to have had it.) Caused by a mutation, neonatal Marfan is [illegible] can't even cite an [illegible] Matt is one of [illegible] with the neonatal form of the syndrome in the U.S. to live past early childhood. There is no cure.

Matt's life is marked by double vision, excruciating pain, late-night trips to the emergency room, high-risk operations, endless rounds of medication and a sedentary existence. Rather than falling into self-pity, however, Matt relies on his writing and imagination to transcend his physical limitations. "It's like having a passport to go wherever I want," he explains. "I control everything—the plot, the setting, the characters, the action. Writing lets me go into a pain-free world where anything is possible."

A straight-A student in the gifted program at the George K. Porter Middle School in Granada Hills, a suburb of Los Angeles, Matt serves on the student leadership council. When he returns from a long hospital stay, his classmates applaud. Principal Jesse Bojórquez says, "He's so outgoing that you'd nev realize he has a medical proble He doesn't want special favors."

Already, Matt has charted an am bitious career path. "I want to g Ph.D.'s in law, math and physics" he says matter-of-factly. "I want become a well-educated writer."

Unfortunately, time is not on h side. "There's no doubt that aggre sive medical care has prolonged h life," says Rena Falk, M.D., a g neticist at Cedars-Sinai Medic Center, in Los Angeles, and profe sor of pediatrics at UCLA School Medicine, who has treated Matt f years. "But we simply don't kno how much longer he'll live."

A Life of Limits

At birth, it was clear that somethin was terribly wrong with Carol an David Rudeses' youngest child Matt's head, ears and eyes were ab normally large; his face was thin his body long *(continued on page 170*



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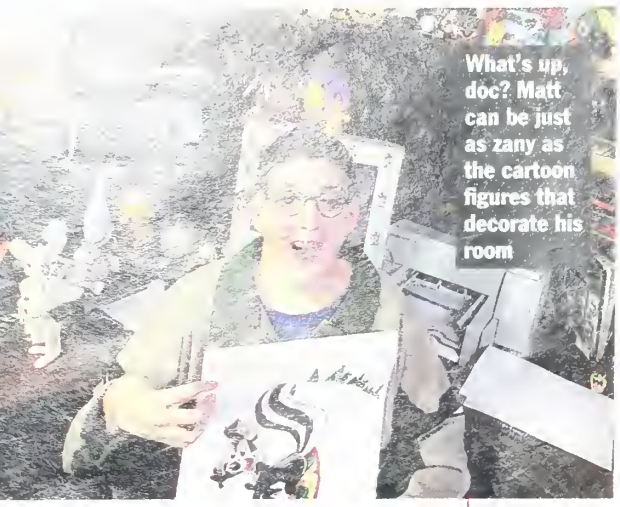


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What's up, doc? Matt can be just as zany as the cartoon figures that decorate his room

"Matt creates characters who can do things he'd like to do if he could," says his proud mom

THE MAGIC BOY

Continued from page 166

and narrow, his feet flexed against his shins and his hands folded back toward his wrists. Doctors couldn't pinpoint the cause.

Fortunately, the Rudeses' pediatrician summoned Falk, who made the diagnosis and gave Matt's parents hope. "We were so uplifted when Dr. Falk said there was nothing wrong with his mind," recalls Carol. Still, two months later, a cardiologist warned that this was a serious disease and their baby might not reach his first birthday. "I was shocked," says Carol. "But I started doing my research, and I somehow believed that Matt would make it." While David, a salesman in the garment industry, supported the family, Carol took charge of Matt's medical care, poring over journals for information and experts. These days, a team of about twenty physicians at three teaching hospitals treats Matt.

At twelve, Matt has been through more heart surgery than most people will see in a lifetime. The aortic valve in his heart has been replaced twice, the second time by an artificial one. He uses a wheelchair because a fall could break his fragile bones. Insurance, state support and Social Security pay for most of his health care, but his parents still pay several thousand dollars yearly in out-of-pocket expenses.

Matt is nearly five-nine, and might need a surgical treatment to slow his growth; Marfan patients tend to grow quite tall, which puts a strain on their already burdened heart and skeletal systems. But some symptoms can't be treated easily, such as the yet unexplained pain that can temporarily render him paralyzed, speechless or writhing with convulsions. (In a school essay, Matt described the sensation as being "engulfed in a sheet of fire.")

Matt understands that his body is fragile, so he accepts his restrictions without complaint. Still, he doesn't hesitate to speak his mind when necessary. In the hospital, he instructs phlebotomists to draw blood from the back of his hands, not his arms—and if they miss the vein, they don't get a second try. Referred to a new specialist, Matt quizzed him on the names of the characters on *The Jetsons* before becoming his patient. "Matt wants his doctors to have a sense of humor and to be interested in him as a person," Carol says.

Constant Caretaking

A reed-thin redhead with a razor wit, Carol Rudes is never without her beeper, cell phone or her son's seven heart and pain prescriptions. She spends hours online, researching articles to give to his doctors, or sharing advice with other parents.

Every year, Carol prepares booklets for Matt's teachers and school administrators about his illness, limitations and needs—such as large-print books, a front-row desk, access to a computer and an aide to he in emergencies and to take notes class because Matt can't grip a pen for long periods of time. Carol al maintains the school display case partly as a creative outlet, partly be near her son in case he falls ill.

Though Matt enjoys a loving rel tionship with his father and siblin Michael, sixteen, and Susan, twent two, he's so close to his mother th they often finish each other's sen tences. Unlike most twelve-year-old he isn't eager for independence. "I glad my mom is protective," Ma says. "It makes me feel loved an safe." That's not to say he doesn't g annoyed with her sometimes. Hearin Carol spout a stream of medical jargo during the interview, he rolls his ey and implores, "Speak English, Mom.

Not surprisingly, Matt worrie about being a burden on his mothe who rarely steals a moment alone The Rudeses can't afford a hom aide, and they have no relative nearby to offer respite care. "It' high stress twenty-four hours a day," admits Carol. "Sometimes Matt wil ask, 'If you had known that I would turn out this way, would you still have had me?' I reassure him that I chose to have him and that he is a gift from God, who has bestowed on him a very special mind and very special talents."

The Write Stuff

To enter Matt's bedroom, a veritable shrine to cartoons, is to catch a glimpse of his playful personality. Posters of Superman, Batman and magicians Penn and Teller paper the walls, and figures of Bugs Bunny, Daffy Duck and other Warner Bros. characters stand in neat rows on the shelves.

Then there is Matt's prized possession: a laptop computer that allows him to write for hours, usually without leaving his hands sore. He requested it three years ago from the Starlight Children's Foundation, an organization that grants wishes to kids with serious illnesses. Of his choice, Matt explains, "When you *(continued on page 172)*

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Disney World—you just have [illegible] hours—and [illegible] computer. But a computer keep going and going."

At his mother's urging, Matt began keeping a journal as a creative and emotional outlet. Now fiction is his greatest passion. Says Carol, "He creates characters who can do anything and go anywhere—perhaps things he'd like to do if he could."

With the laptop, Matt went right to work on his first novel, *Monstress Mayhem*, and finished it before his eleventh birthday. It follows the adventures of a boy named Josh Font—in many ways Matt's able-bodied alter ego—who is mysteriously transported to the land of GinGin. Here, his sign-language skills give him the power of Gin, a sort of telekinesis. With the help of four friends (including Reena, a warrior named for Dr. Falk) and five magic gems, Josh defeats an evil queen and her minions. Although *Mayhem* is heavy on battle sequences and super powers resembling those found in Nintendo games, the structure, language and vivid descriptions show the author at his precocious best. (See "Matt's Story," below.)

After reading a newspaper article about Matt, a producer at Columbia TriStar Television asked to see the manuscript. Ecstatic, Matt envisioned *Monstress Mayhem* becoming a box-office smash starring Mel Gibson, Harrison Ford, Dustin Hoffman and Sharon Stone, and introducing—who else?—himself as Josh Font. But he was crushed when a script analyst pronounced the book "predictable" and "not solid enough."

"I didn't think it was predictable," Matt says defensively. "And they said they didn't know why Josh used sign language. I thought I made it clear: because he wanted to." Like most writers, Matt overlooked the positive feedback in the critique, specifically: "The idea is sound and might play well to a young audience."

While Matt still hopes that *Mayhem* will become a movie someday, he's busy now with his latest projects, including *Operation Top*, a sci-fi thriller about an environmental disaster and scandal at a government agency.

An Uncertain Future

Matt's unsinkable attitude extends to his illness, too. His parents say he gets depressed only if he's in too much pain to write or go to school. "I have the greatest respect for what Matt's been able to accomplish," says David, whose nickname for him is Mr. Big. "The way he turns negatives into positives—that's inspirational."

Carol's greatest hope is that medical advances will enable her son to reach his full potential. "We don't make promises about what his life will be like, but we also have learned to never say never," she says.

For now, Matt is content to write and, when he can, to practice his newest hobby: magic. Videos and books have helped him master twenty card tricks, but his showmanship comes naturally. "Matt knows how to work a crowd," Carol says. "And it makes sense that he'd like it. Magic is about making the impossible possible, isn't it? It's about making things change."

And if Matt were given a magic power, what would he change with it? "That's easy," he says. "I'd use it only three times. First, every time I'd snap my thumb and middle finger, a twenty-dollar bill would appear. Second, I'd give my whole family financial security."

Finally, "I'd give every Marfan person the choice of getting rid of the disease," Matt says. "Some people with a disability might want to keep it because it's given them more insight into life or they've learned to cope with it." So what would he choose for himself? Matt Rudes grins, flashing a mouthful of braces. "I'd make me in duplicate—the same sense of humor, same height and insight—but without any health problems." ●

Cynthia Hanson, a contributing editor to Chicago magazine, frequently writes for Ladies' Home Journal.

For more information on Marfan syndrome, call the National Marfan Foundation at 800-862-7326 or visit its Web site at *www.marfan.org*.

Matt's **Story**

THIS IS AN EXCERPT FROM MATT RUDES' NOVEL, *MONSTRESS MAYHEM*. THE HERO, JOSH FONT, HAS JUST BEEN RESCUED FROM DANGER BY A FRIENDLY DRAGON NAMED BOB.



"My name is Bob." Bob extended his arm to shake hands with Josh. Josh was amazed. All these creatures spoke English and this one was polite! "Your name is Josh Font, and I know all about you."

"How do you know all that?" Josh asked. Now he was more curious than scared. This was astonishing to Josh. He couldn't believe what was going on.

"Name's Bob. Oops, already told you that. You, sir, are in the land of GinGin, and I need a favor from you."

"What do you want?" Josh asked curiously.

"An evil queen named Garpin has stolen five treasures throughout the land."

"So why don't you stop her? You're strong, you're powerful, why do you need me?" Josh didn't get this at all. He was totally on the blank side.

"Because you have the power, Josh. You are the only one that can defeat Garpin. That is why I brought you here, to GinGin, to stop Garpin. You are the only one who can stop her."

Bob was sincere. He wasn't kidding. Josh traced Bob for a zipper-line, or a button, or something that would indicate that it was a costume. But the flying dragon-monster was real!

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In the News:

DANGEROUS DRUG MISHAPS

When your doctor writes you a prescription, you simply assume that the pharmacist or nurse will give you the right drug. But medication mix-ups are causing roughly one death per day, according to the Food and Drug Administration (FDA).

The chief problem, say experts, involves confusion over drugs whose names sound alike or look the same in print. For instance, a prescription ulcer medication originally known as Losec was commonly mistaken for Lasix, a diuretic—a mix-up that resulted in at least one death. Losec's brand name was ultimately changed to Prilosec. But now, Prilosec and Prozac, the antide[illegible] are among the most commonly confused pairs of drug names; the results after [illegible] these two accidentally are [illegible].

"With so many [illegible] to remember, [illegible] simple even for professional [illegible] drug names," says Bru[illegible], Ph.D., an associate professor of pharmacy administration at the University of Illinois, in Chicago, who says that roughly one quarter of all reported drug errors involve name mix-ups.

Of course, doctors' notoriously illegible handwriting plays a role. But misunderstandings can occur during face-to-face conversations, and over the phone. One pharmacist filled a phone order for Allegra with Viagra, a mistake caught by the patient, who wondered why his antihistamine was so expensive.

Another problem is that many drugs are very similarly packaged. The pharmacist filling an order may simply grab the wrong box or jar off the shelf.

A committee at the FDA is evaluating ways to avoid these errors. Meanwhile, you should always discuss the medication you are prescribed with your doctor. Write down the drug's name and confirm that your pharmacist has understood it correctly. Also, buy an illustrated prescription-drug guide and compare the pills you've been given to their photograph. We recommend *The Pill Book* (Bantam, 1998).

—Sarah Smith

COMMONLY CONFUSED DRUGS

There are over 10,000 drug names and only twenty-six letters in the alphabet. Might you confuse these?

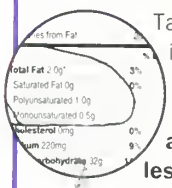
aminophylline	amitriptyline
digoxin	digitoxin
Nicoderm	Nitroderm
Haldol	Halcion
Urex	Eurax
Xanax	Zantac

BODY BRIEFS

TAKE THE TEST

Most women receive bone-density tests too late to give them the best chance to prevent osteoporosis, says the Radiological Society of America. Women with risk factors should receive a baseline test between the ages of twenty-one and thirty-five.

EAT LESS FAT



Take a bite out of fat intake: In a recent study, **people who read nutrition labels ate about 5 percent less fat** than those who didn't, according to researchers at the Fred Hutchinson Cancer Research Center, in Seattle.

GERM ALERT

Tofu is often sold floating in open trays of water, **inviting bacteria to grow and putting you at risk for illness**, says the *UC Berkeley Wellness Letter*. All tofu, even if packaged, should be cooked to 160°F.

FALSE HEALTH CLAIMS



When health officials recently zeroed in on Internet sites plugging "cures" for cancer and other diseases, **they turned up more than 1,200 Web sites containing questionable claims**; 90 percent were pushing supplements.

HOT & COLD



Having ice cream for dessert? Skip the coffee. Going from one temperature extreme to another can **cause teeth to contract and expand, forming hairline cracks**, says the Academy of General Dentistry, in Chicago.

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ASK THE NUTRITIONIST

"I was surprised by recent headlines saying that fiber doesn't help prevent colon cancer after all. Can I cut back?"



"Absolutely not," says Abby Bloch, Ph.D., R.D., chair of the Nutrition and Physical Activity Advisory Committee for the American Cancer Society, in Atlanta. "While that study is an important one, it's not definitive because the researchers didn't control for different types of fiber. There are several trials going on now that may tell us which *specific* kinds of fiber, if any, are protective. And there are other reasons to eat fiber: It lowers blood pressure and cholesterol levels, as well as the risk of developing adult-onset diabetes."

—Kim Atkinson

MINI MED SCHOOL

Read Your Own Pap Test

Don't just count on your OB-GYN to tell you if there's a problem with your Pap test; request that a report be sent to you so you can see the results firsthand. Here, how to decipher the lab-speak. —Marcy Lovitch

REPORT SAYS	WHAT IT MEANS	WHAT TO DO
Atypical Squamous Cells of Undetermined Significance (ASCUS)	**Pap test is not normal, but not necessarily precancerous.**	**Your gynecologist will probably recommend a repeat test in three months; some may advise colposcopy, a microscopic test.**
Suspicious for Cancer	**Cancer cells have been detected.**	**See the doctor immediately and schedule a colposcopy.**

Source: Mark Spitzer, M.D., a gynecologist at North Shore University Hospital, in Manhasset, New York.

BREAST BUDDIES

This Mother's Day, honor your mom—and moms everywhere—by helping to raise money for breast cancer research: • Buy Karen Neuburger's cozy pj's ($55) and the designer will donate 10 percent of profits to the Nina Hyde Center for Breast Cancer Research. Call 800-720-0701 for store locations. • Think pink. Garden centers nationwide are offering impatiens in three shades of pink; 10 percent of the proceeds will benefit the Susan G. Komen Foundation. To find a participating center, visit *www.miracleplants.com*. • Join Avon's Breast Cancer 3-Day, taking place this year in Atlanta, Chicago, Los Angeles and New York. Walkers trek over sixty miles and stay in tents. You must raise at least $1,700 in pledges; net proceeds will help make early-detection services available to more women. Visit *www.avoncrusade.com*. —K.A.

The Prayer Pose

Use this stretch to promote flexibility and relaxation, says Carol Marks, spiritual coordinator at Canyon Ranch Health Resort, in Tucson. Begin [illegible] knees; gently [illegible] buttocks on your heels. Bending at the waist, extend your arms and chest forward, and place your forehead on the floor. Breathe deeply and remain like this for several minutes, elongating your spine.



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Grand Prize Winner

Sarah Scopel, 18, Greenville, South Carolina
$10,000 scholarship winner

The Secret to Self-Esteem Contest asked for essays about a role model's impact on self-esteem. Sarah Scopel's winning entry is an inspiring example of the importance of helping girls become strong women.

"I'll be the greatest fan of your life"—Edwin McCain's lyrics accurately portray my mother's role in my life. As her only child, I have received immeasurable attention and support from my mother. Her constant encouragement has enabled me to achieve numerous successes, bolstering my self-esteem without bloating my strong self-image.

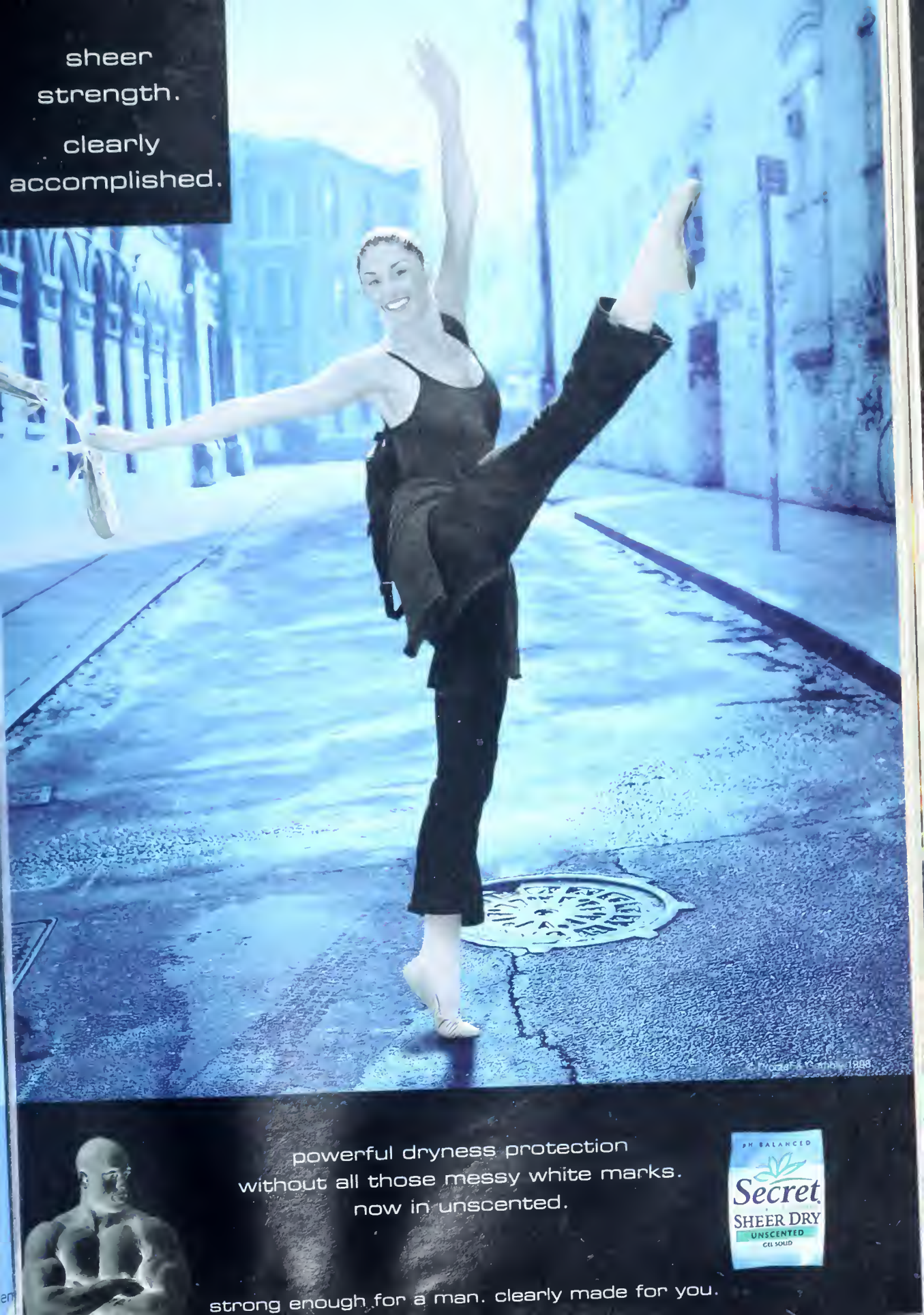
The greatest example of our teamwork, the Community Outreach Committee, has impacted my self-esteem and that of countless others. My mother and I founded an organization of 175 high school students who donated 4,500 hours of community service last year. As president of the committee, my self-esteem grew because I improved my leadership skills and became a community spokesperson. The student volunteers gained confidence as they spent time together helping other people. Finally, the recipients of our service, children in after-school programs, witnessed the value of having strong role models. Undoubtedly, without my mother's committed example as a dedicated volunteer, my self-esteem would not have reached its full potential.

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Cokie Roberts on the set of *This Week* with, from left, Bill Kristol, Sam Donaldson and George Stephanopoulos

SHE PULLS NO PUNCHES

Cokie Roberts is a mother, daughter, sister and Washington wise woman who tells it like it is

By Diana McLellan

COKIE ROBERTS covers politics for ABC, analyzes news for National Public Radio, writes a syndicated newspaper column with her husband, journalist and professor Steve Roberts, and is the first to prove a woman's work is never done. The mother of two (her son Lee is thirty, daughter Rebecca is twenty-eight) is also the author of the best-seller *We Are Our Mothers' Daughters* (William Morrow, 1998). The daughter of political parents (her "mamma," Lindy Boggs, took over the seat of her father, Louisiana congressman Hale Boggs, when the twin-engine plane in which he was flying vanished over Alaska in 1972), Roberts learned from example how to build a career while nurturing her family. Over coffee in her Washington, D.C. office at ABC's *This Week*, Roberts shares her no-nonsense opinions with LHJ.

LHJ: You've seen both political and media marriages very close up. How much does being in the public eye affect the partners' lives?

ROBERTS: It depends on the people in the marriage. I met Steve when I was eighteen. I was crazy about him, and had a hard time making him marry me! That was thirty-two years ago, and I'm *still* wild about him. So, I'm lucky in love.

LHJ: Do you have any idea how the Clinton marriage works?

ROBERTS: I don't have a clue. It is clear to me that American people think they know who Bill Clinton is. But Hillary is an endless puzzle. I happen to be one of the people who thinks she is really in love with him, and that's the bottom-line answer.

LHJ: Do you think there will ever be a woman President?

ROBERTS: I do. The most likely is a Republican, because it would get them more women's votes.

LHJ: So it could be Elizabeth Dole?

ROBERTS: It could easily be! I can see a scenario where she'd be the first woman Vice President, and that's nothing to sneeze at.

LHJ: As the child of politicians, do you have any advice for Chelsea?

ROBERTS: She's responded incredibly well to being raised in a fishbowl. That day last summer when she walked out of the White House holding both her parents' hands—what a good kid to do that! At one point this year I got furious at Bill Clinton on her behalf. As a political child, you're always aware that you can do something that would embarrass your parents. The notion that they might embarrass *you*—just terrible.

LHJ: Do you think it's inevitable that famous and high-powered *(continued)*

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men stray from their marriages?

ROBERTS: No, I don't. I think it's easy for them to stray; there are a lot of women eager to make it easy for them. But I don't think, for example, that Al Gore has strayed. There are people who understand that the Hollywood pay is too high.

LHJ: Did the Clinton scandal distract Washington?

ROBERTS: The arguments among friends are terrible. To me, no President or story is worth disrupting your personal relationships, but several people tell me that close friendships have been ruined.

LHJ: What about the effect of the scandal on the country?

ROBERTS: The polls show that people don't think the President represents the morals of the country, and they don't think he's honest and trustworthy. A higher percentage than before recently said that adultery is morally wrong. So I don't think we've suddenly become France. We just know more.

LHJ: If you could give a young woman starting out one piece of advice on balancing career and kids, what would it be?

ROBERTS: I'd say, remember that there will always be another job. That means that you can always say no to a job if it's inappropriate for your family. Because you can't ever repeat your child's early years.

LHJ: You believe that working mothers get a bum rap, don't you?

ROBERTS: I do. And very little of it comes from men—it comes from other women. Which is so odd. Obviously, women still have enough doubt in their minds that they have to validate their own choices, and sometimes do so by denigrating other women's. In Lesley Stahl's recent book, *Reporting Live* (Simon & Schuster), she wondered if her commitment to career shortchanged her relationship with her daughter. Do you?

ROBERTS: I don't think Lesley's daughter feels that way at all. Lesley's actually a wonderful mother. I feel very strongly that I was there for my children, too. My mother was always there, as a model, saying, "Your kids are great! You're doing a good job! It's all okay! You grew up with busy parents and your kids are growing up with busy parents. Get over it!" She taught me to relax.

LHJ: In your book, you make it clear that the role of sister has been equally important in your life. When your sister Barbara, who was the mayor of Princeton, died of cancer in 1990, how did you cope?

ROBERTS: The hardest part for me was that I had expected to take a leave of absence when she got terribly sick, to be there with her. I kept asking the doctors to give me a sense of when to go to her. But it was a Monday when they called, and she died on Wednesday. Afterward, well, it's wonderful how other women take up the slack in your life and help you out.

LHJ: What's the most difficult thing about being a woman on TV?

ROBERTS: [*Laughs.*] You have to look good all the time. You can't grow old! Funnily enough, I worried about getting older a lot more when I was young. I think that now there are so many of my generation who came into TV at the same time, it would be noticed if they suddenly fired us all at once.

LHJ: Who's the toughest interview you've ever done?

ROBERTS: Ross Perot. It was the day he qualified on all the state ballots in '92. I was doing *Nightline*, and I asked him, "Are you going to run?" He just got testier and testier, and then really angry, and I thought, He's going to walk out, and *then* what am I going to do?

LHJ: Do you think that "wise women" are more appreciated on TV these days?

ROBERTS: From my personal point of view, yes. Nobody ever listened to me before I turned fifty! I mean, I now have women coming up to me on the street saying, "Thank God you're there." But a woman has to pay attention to things a man doesn't. Can they see up your skirt? You can't wear the same thing you wore yesterday, and for those of us who grew up in school uniforms, that's very hard!

LHJ: One last question: Have you ever seen your *This Week* co-host Sam Donaldson without his rug?

ROBERTS: No. [*Giggles.*] It's attached! ●

Diana McLellan is a contributing editor to Ladies' Home Journal.



Cokie Roberts with her mother, Lindy, and late sister Barbara

"Nobody ever listened to me before I turned fifty," says Roberts



Roberts with (clockwise from bottom left) daughter Rebecca, husband Steve, and son Lee

Whatever happened to that jerk you went to the prom with?

I married him.

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QUEEN of POP

SHE'S ONE OF THE RICHEST, MOST POPULAR FEMALE SINGERS OF OUR TIME—BUT THERE'S ONE SMALL THING STANDING BETWEEN CELINE DION AND HAPPINESS

BY JIM JEROME

"PUT YOURSELF IN MY SHOES," says Celine Dion, when asked why she says it's time, at thirty-one, for her to get a life. On second thought, she snaps playfully, "No, you cannot, actually. I have thousands of them."

Dion says she craves "a life of balance," but when it comes to living large, she's already got it made. The superdiva is sitting on the patio of [illegible]'s $10,000-a-day four-bedroom Beverly Hills Hotel bungalow. [illegible] about that shoe thing? "I love shoes," she says. "I own less than [illegible] but more than five hundred pairs. I don't think I'm ad[illegible] little something. Let's put it this way: I'm [illegible] I don't know where to put my shoes, [illegible] bothered to put any of *(continued)*



"I KNOW THE RUMORS. SO I'LL SCREAM IT

(continued) them where they belong on the rack. The barefoot belter is quite fetching in a tightly cinched white hotel bathrobe. With no makeup and her hair pulled back in a ponytail, she looks softer and sexier than the super-glam [illegible] onstage.

[illegible] including her husband/manager René Angélil, are making the most of a day-long pit stop between her $10-million, nine-bedroom vacation home in Jupiter, Florida, and her sold-out concert tour in the Far East. After this year's world tour, she swears she'll call it quits—at least for now. So, after eighteen nonstop years and selling a staggering 90 million (and counting) CDs—what does the diva who's done it all *really* want?

"I want to be bored," she says. "I want to have a picnic, I want to iron René's clothes. I want to sit down in our cinema room in Florida with popcorn and enjoy *Titanic* not feeling that the media are counting how many times I'm crying. My husband is healthy, and I want to make sure I'm with him," she says, accenting her amusing chatter with lively hands, darting light brown eyes, and a Québecois lilt. "I can't wait to stop."

Hers has been one of the most astounding triumphs in pop-music history—a tale that began at age twelve, with a crude demo tape played for producer/mastermind Angélil, and peaked last year, when Dion grossed $55.5 million in CD and concert ticket sales, making her the number-one pop diva of the year. The dizzying ride has taken its toll. The singer, who stokes her sleek five-seven, size-two frame with as much peanut butter as she wants and never exercises, is weary to the bone. "There's been no time to recharge," says concerned Grammy-show producer Pierre Cossette, a longtime friend. "You don't want to stop on the way up."

Especially when you earn the respect of your own idol, Barbra Streisand. When Streisand's song "I Finally Found Someone" was nominated for an Academy Award for best song, she and James Brolin "went to the Oscars to hear one of our [illegible] singers singing," Streisand says. "But [illegible] from a [illegible]



Dion's got the Grammys in 1999

CELINE, INC.

HER HEART WILL GO ON, AND SO WILL HER BANK ACCOUNT. SOME EYE-OPENING FACTS ABOUT THE WOMAN VOTED LAST YEAR'S TOP-SELLING ARTIST BY THE RECORDING INDUSTRY ASSOCIATION OF AMERICA

- The only female vocalist to make the cut, Dion ranked number twelve on *Forbes*'s 1998 list of the forty highest-paid celebrities.

- Dion's global career record sales are at ninety million, making her the only female vocalist to gain on the number-one solo record-seller, Garth Brooks (estimated at 105 million).

- Dion's touring entourage numbers 105 people. Sister Manon, thirty-eight, is her personal assistant and hairdresser, and brother Michel, age forty-seven, works as an assistant tour director. Of Angélil's three kids, Patrick, thirty-one, is a tour assistant; Jean-Pierre, twenty-five, and Anne-Marie, twenty-one, both work in the Montreal headquarters.

- In 1998, Dion's albums sold more in the U.S. than the combined total of Jewel's, Madonna's and Mariah Carey's albums from that year.

- With her 1998 earnings ($55.5 million), Dion could purchase twenty-five replicas of the blue sapphire "Heart of the Ocean," the $2.2-million necklace that she wore to the Oscars that same year.

AYS SUPERSLIM CELINE, "I AM NOT SICK!"

Concerned that her absence might [illegible] eisand "sought Celine out to tell her how [illegible] en she told me how she would love to stay [illegible] ldn't wait to make it happen." Dion and Streisand orded "Tell Him" together later that year.

Even factoring in her planned crossover into dramatic roles, a hiatus will not likely threaten Dion's reign the top. But Dion doesn't see it that way. "Of course, I'm concerned. Maybe it will be over for me. But there's more to life than show business and gold records. When I am old and ugly, those awards won't talk to me, won't bring me sharing and happiness."

For Dion, getting a life means being near her aging parents, Adhémar and Thérèse, and her close-knit clan of thirteen older siblings and twenty-eight nieces and nephews. She also hopes prolonged rest will give her the baby she desperately wants. Angélil's mild, if scary, heart attack several years ago only intensified her gnawing sense of urgency. She has cited stress for not conceiving; other rumors blame irregular [illegible] and anorexia. Dion bluntly denies the latter. "I know the rumors," she says, with a disdainful roll of the eyes, "so I'll scream it. I am not sick! I'm very thin, like everyone in my family."

How does she [illegible] out her body? "It's wonderful if you are thin because clothes fit nicely. But I would love to be ten pounds heavier when I am naked. When you look at all those old pictures of naked women, they're more round, and I think that's more beautiful."

In fact, Dion loves to cook, especially Italian, and she indulges in junk food. "I *love* chips," she says. "Not plain, though. I like sour cream and onion, and barbecue is my favorite. If I feel like a sweet, it's a banana split at Dairy Queen. No nuts, no whipped cream, no cherry. Just chocolate, pineapple and strawberry sauce. Sometimes they freak out when I show up and put on more sauce, which is perfect for me."

If weight isn't the obstacle slowing down Dion's baby dreams, the tension and traveling might be. "I have no time to let go and relax. For some women it is easier than for others. Too nervous, whatever," she explains. "But I'm not frustrated at not having a child yet. We're trying. I'm very healthy, Rene is very healthy. My doctor told me that the more time I travel in an airplane, the more difficult it is to have children. My doctor says I have to stay at home, and not think about it." Would she consider adoption? "Maybe," she says. "I never say no to anything."

Her husband, the father of three grown children, would love to have another child. Because his children, aged twenty-one to thirty-one, are still single, he muses: "I don't know which I'll have first—grandchildren, or children with Celine. That's our number-one goal and dream. Sure, I'm anxious."

A career pullback will give Dion more time for her two favorite pastimes, golf and shopping. Golf is a "passionate" bond with Angélil. The couple's new Florida home is on a golf course, and they are also building a massive chateau at Le Mirage, the Montreal-area golf club they bought two years ago. "In our backyard will be two eighteen-hole courses," says Dion.

"I also love shopping," admits the singer, whose extravagance is matched only by her limitless generosity, say friends. The girl who grew up wearing hand-me-downs is happy to return the favor. "Twice a year, I clean out my closet and give it all to my sisters. They go crazy!" she says. Dion's generosity doesn't stop there. In 1996, she gave each of her siblings $100,000 for Christmas. "I have more joy giving than receiving it myself," she says. Dion also plays Santa to her throng of nieces and nephews. "I send them a Toys 'R' Us catalog and they can choose whatever they want. *(continued on page 242)*

CLOTHES CALL

at does the diva don? When n's just got to have her *prêt-orter*, she typically chooses ture priced between $4,000 1 $10,000. Her studio-size droom closets have motorized ks full of Versace, Prada, rciso Rodriguez, Ralph Lauren 1 Valentino, and Dion loves to ter her size-two figure with y, clingy Dior evening gowns. t her real passion is for es: She has more than five ndred pairs of high-end heels m Prada, Manolo Blahnik and entino, ranging from $500 to ,000 per pair. "She is not a b about anything," insists stage-outfit stylist and quent shopping companion, ntreal fashion designer Annie rth, who says that Dion loves e footwear and Diesel jeans. e pass in front of Club naco or Banana Republic and mething in the window tches her eye and she's like, kay, let's go!' Whether it's ,000 or $29.99, she likes it she doesn't."



ine cuddles h her band of r years, né Angélil, the rearsal for t year's 1 Divas ncert

what suits

you?

re you a body-baring
ikini wearer while
our husband likes you
a basic black tank?
r does he prefer
sexy halter style
ut you cover up in
swimdress? Eight
ouples play a game
f he picks/she picks
om this season's
wimsuit crop

y Lois Joy Johnson



CORRI WOLF, 28, student, JEFF WOLF, 30, doctor; married 2½ years.

CORRI'S PICK: Two-piece suit with mesh insets and front zipper by Tommy Hilfiger ($68). She says: "I love this suit. It's like gymwear, and the top has stay-put sports-bra styling. It makes me look totally fit." He says: "Corri has a nice figure, and I like her in a two-piece. This suit is okay, but I wish it were a little smaller."

JEFF'S PICK: Red bandanna-print halter bikini by Tango Rose (top, $32; bottom, $24). He says: "This is one hot suit. It's bright and it's tiny." She says: "This kind of suit is exactly what I expected Jeff to choose, but could I actually swim in it? You tell me. . . ."



NORINE DWORKIN, 33, editor, JIM FISCHER, 48, circulation director; married 4 years.

NORINE'S PICK: Hot-pink floral bikini by JAG (top, $47; bottom, $33). She says: "I work hard at the gym to stay in shape, and a bikini is my motivation." He says: "No, no, no—this is way too revealing. It leaves nothing to the imagination."

JIM'S PICK: Strapless striped maillot by Adrienne Vittadini ($89). He says: "I think a one-piece flatters the figure more. This suit is perfect on Norine." She says: "I'd wear it for Jim, but I'd spice it up with sexy sandals, a big hat and cool sunglasses like these."

What makes a swimsuit sexy?



KIM HARTMAN, 35, administrative V.P., ALAN HARTMAN, 34, investment banker; married 5½ years, two children.

KIM'S PICK: Red tank with princess seams by La Blanca ($64). She says: "I always go for a one-piece suit. Plus, I need a style that won't fall off when I'm chasing my kids around at the beach." He says: "Kim has a great body, but I'm not wild about this suit—she might as well be wearing a snowsuit."

ALAN'S PICK: La Blanca flocked velvet bikini ($66). He says: "This is more like it! The top is very sexy. The triangle shape, the halter tie—I'm happy." She says: "I like this, but it's just not practical for me. If I were alone on vacation with Alan, though. . . ."

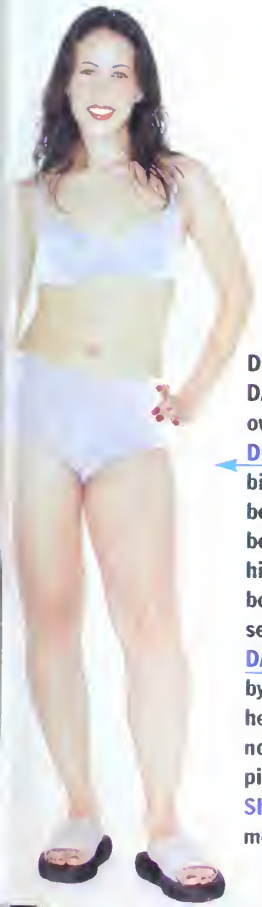




KANAN SHRIDHARANI, 35, physician, STEVE JACOBSON, 39, lawyer; married 9 months. KANAN'S PICK: Lime underwire bikini by J.Crew (top, $34; bottom, $26). She says: "Since I have to wear a white coat all day, going to the beach is a rare chance to look sexy, so I always wear a bikini." He says: "Kanan's so beautiful she looks great in everything, but my fantasy is to see her in something an athlete, like a volleyball player, would wear." STEVE'S PICK: Blue halter tankini by Ralph Lauren Swimwear ($83). He says: "This is it. I love how she looks in dark blue and strong, sporty styles." She says: "This suit isn't awful, but it's not me. I'm not athletic enough—that's Steve's fantasy!"



ll depends on who you ask . . . .







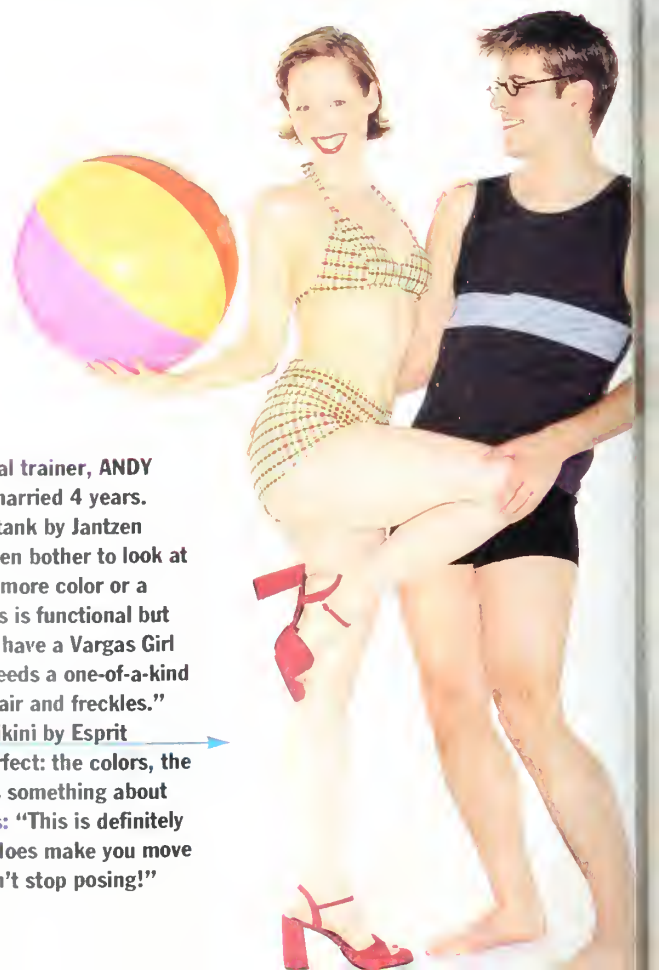
DEBORAH DASH, 27, stay-home mom, DARIEN DASH, 27, computer-business owner; married 4½ years, two children. DEBORAH'S PICK: Silver ribbed boy-short bikini by Victoria's Secret (top, $45; bottom, $30). She says: "I like how the bottom fits without creating a bulge at the hip, and the padded bra gives my bosom a boost." He says: "This boy-short look is sexy, but I don't like the color." DARIEN'S PICK: Orange tankini by Concepts by Sirena ($70). He says: "This color makes her skin glow, and the style is new-looking, not at all traditional. I love her in a two-piece—and so will the rest of the beach." She says: "The orange is great, but I'd like more support on top."





KYLE BROWN, 32, stay-home mom, **CHAD BROWN**, 35, general sales manager; married 5 years, one child. **KYLE'S PICK:** Floral swimdress by Lands' End ($58). She says: "I want a suit to hide my post-baby stomach. This one is like a short, flirty slipdress, and wearing it, I'm not thinking at all about my body." He says: "Oh, no, this is too 'mommy'—Kyle is so much sexier than this." **CHAD'S PICK:** Black high-neck tank by Anne Cole Collection ($78). He says: "This looks like something from a James Bond movie—to me, this is much sexier than even a tiny bikini." She says: "I like Chad's choice. Before the baby, I probably would have picked a one-piece just like this."





SONIA WARFEL, 27, personal trainer, **ANDY WARFEL**, 30, art director; married 4 years. **SONIA'S PICK:** Black pique tank by Jantzen ($48). She says: "I never even bother to look at two-pieces or anything with more color or a trendier cut." He says: "This is functional but boring, especially when you have a Vargas Girl body like Sonia does. She needs a one-of-a-kind look that plays up her red hair and freckles." **ANDY'S PICK:** Boy-shorts bikini by Esprit ($79). He says: "This is perfect: the colors, the halter that ties, and there's something about these shorts. . . ." She says: "This is definitely Andy's fantasy suit, and it does make you move like a forties film star. I can't stop posing!"

SHARON PERLMAN, 35, chamber of commerce membership director, JEFF PERLMAN, 34, insurance firm partner; married 11 years, two children.

SHARON'S PICK: Tank with drawstring sides by Victoria's Secret ($90). She says: "I alternate between a one-piece and a bikini, but when I'm on vacation, it's bikini only. I like the high leg-line on this suit; it makes me feel taller and thinner." He says: "Sharon has muscular legs, so I think a high-cut leg looks great on her—but I prefer bikinis to a one-piece any day."

JEFF'S PICK: Black halter bikini by La Blanca ($62). He says: "A bikini with a high-cut leg is my number-one choice—the cut shows definition and makes Sharon's legs look really long. But no thongs except in the bedroom!" She says: "This halter top has an excellent built-in bra, but if I'm going to wear a two-piece, I prefer a narrower string-bikini bottom."



GET IN THE SWIM

1. The number-one rule for swimsuit shopping: Highlight the best, ignore the rest. For a great bosom, go for a deep V-neck tank or a triangle-top bikini; accent a trim waist with belted or wrap looks.
2. The trendy suit now is the tankini. As sexy as a bikini, the tankini gives coverage yet offers the option of a roll-up top.
3. Flatter a curvy lower body with boy-short bottoms, a good solution to smooth saddlebags, rather than expose them with a high-cut leg.
4. Get a grown-up cover-up—no more big T-shirts borrowed from him. Be a beach diva with a toned-to-swimsuit pareu or short wrap.

Last October, Ladies' Home Journal, *in collaboration with* Seventeen, *published a survey asking about virtually every aspect of mothers' relationships with their teenage daughters. More than twenty thousand moms and teens responded, revealing some surprising, and mostly heartening, news about the state of mother-daughter relations. The results are as diverse as they are fascinating*



GIRL TALK

WHAT DO TEENS AND MOMS REALLY SAY ABOUT EACH OTHER? HERE ARE THE RESULTS OF OUR GROUNDBREAKING SURVEY WITH *SEVENTEEN*

QUALITY TIME

The ideal way for mothers and daughters to spend an afternoon? Sitting around and talking, say 36 percent of moms, followed closely by lunch and a movie (shopping, 20 percent). But daughters have other ideas. Some 54 percent want to go shopping. Mom is footing the bill.

FEARS, HOPES AND DREAMS

The vast majority of moms—70 percent—cite happiness as the one thing they want most for their daughter; one third want her to live a long, healthy life.

Forty-three percent of mothers say their greatest fear for their daughter is that she will be the victim of a violent crime, such as rape; more than a quarter worry about her dying prematurely.



... MAKES MOTHER ROUD

ure, we like it when
ir daughters earn
od grades or show
remarkable talent,
it nearly half of all
oms say that what
akes us proudest is
nen our daughters
erform good deeds.
close second?
hen they are poised
nd polite in public.

friends & mothers

In popular stereotype, mothers and their teenage daughters are locked in near-constant combat. Happily, the reality is much more rosy. Ninety-five percent of moms report feeling close to their daughters, with 42 percent claiming they are "best friends." And three out of four moms agree that they're "much closer" to their daughters than they were to their own mothers.

Daughters have a similarly benevolent attitude toward Mom. Over 80 percent describe her as "supportive," and 50 percent say she acts like "a friend." Forty percent wouldn't change their relationship at all, since "things are great just the way they are."

3 MYTHS ABOUT THE GENERATION GAP THAT YOU'LL NEVER BELIEVE AGAIN

In fact, the lives of teenage girls today appear to be almost as demanding, complex and stress-ridden as those of their mothers. Eighty-four percent of the moms who answered our poll work outside the home, while 56 percent say their daughters also hold part-time jobs. In addition, moms report their daughters perform a sizable chunk of the household duties, doing housework (46 percent), cooking and cleaning up (39 percent) and helping with the laundry (33 percent).

Fifty-one percent of moms conclude that teens today are more stressed than their generation was. "It's not enough to get a 4.0 grade-point average," notes one mother. "You have to join clubs, take advanced-placement classes, do volunteer work, and have a job, too."

2. *Teenagers have completely different values from their mothers.* Not so. Fifty percent of moms and 53 percent of daughters agree that they agree, with another 46 percent of mothers saying their values are similar. Not only that, two thirds of women believe that teens are basically good kids.

3. *Moms generally disapprove of their teen's appearance.* A resounding 95 percent of moms say they *approve* of the way their daughters dress. While 60 percent do consider it somewhat important that their daughter be pretty, only a third worry about her weight.

But daughters do have a ways to go toward self-acceptance: Fifty-seven percent don't like what they see when they look in the mirror. And while some 61 percent of teens characterize their eating habits as normal, 28 percent say they're "a little messed up," and 11 percent confess they're "out of control."

GOOD NEWS FOR WORKING MOMS

Two thirds of teens whose mothers have jobs say it's because the family needs the money—but the girls have virtually no qualms about Mom working (only 6 percent say they'd prefer a stay-at-home mom). In contrast, 36 percent of the mothers believe their daughters are bothered, at least occasionally, by their working.

SOMETHING'S WRONG

Sixty-six percent of mothers believe that if our daughters were in trouble, they would turn to us first, while one out of four thinks she'd go to a friend.

Yet it remains to be seen if our daughters would truly confide in us in a pinch. Teens say they can't ever imagine telling us that they:

- Were pregnant: 60 percent
- Got caught shoplifting: 21 percent
- Tried alcohol or drugs: 15 percent

"YOU'VE REALLY DISAPPOINTED ME"

When daughters misbehave, the most effective discipline, say 61 percent of moms, is to let them know they've disappointed us. The next-best strategy: grounding them, report 29 percent of respondents.

But moms admit they let the daughters get away with behavio such as not helping out (48 pe cent), getting a bad grade (23 pe cent), swearing (16 percent) ar breaking curfew (11 percent).



Ninety-five percent of moms feel close to

sex differences

Seventy-one percent of mothers surveyed say their daughters have never had sex. But when the time does come, 93 percent would be willing to assist their daughters with birth control.

However, teens prefer to keep their parents in the dark when it comes to sex. Twenty-five percent of daughters say that discussing with their moms whether or not they're ready to have sex "would never happen," and 42 percent report it "could happen, but it might be awkward."

DON'T ASK, DON'T TELL

Worse is the idea of their mothers' sex lives—80 percent of teens don't even want to consider it, thank you very much. As one fifteen-year-old says, "I know my parents had sex, but I don't dwell on that unpleasant fact!"

WHAT WE THINK THEY WANT—AND WHAT THEY *REALLY* WANT

Mothers wish they could give their daughters more:

Quality time: 48 percent
Affection: 25 percent
Money: 19 percent
Discipline: 11 percent

Daughters wish their mothers would give them more:

Money: 40 percent
Quality time: 38 percent
Affection: 15 percent
Discipline: 7 percent

MONEY MATTERS

old, hard cash seems
o play a larger role in
ne lives of today's teens
nan it did a generation
go. One mom from
exas describes her
eventeen-year-old
aughter and her friends
s "constantly concerned
bout finances." So
here do teens get their
oney? Roughly half say
comes from "their
om's wallet."

levels of tolerance

Overall, 62 percent of moms and daughters [illegible] was the [illegible] of tran[illegible] cent [illegible] quarter [illegible] 18 percent s w th[illegible]

When it comes to racial matters, the di vide seems to be a bit greater. Slightly over half of daughters are convinced their moth ers would be "open minded and cool" if they dated a boy of a different race. But while a third of mothers surveyed say it wouldn't bother them, 41 percent confess they'd mind a little, and more than one in four ac knowledge they'd "mind a great deal."

SPIES & COUNTERSPIES

A whopping 84 percent of moms concede that our daughters deserve some privacy. Yet 60 percent can't re[illegible] listening in on a daughter's phone calls, reading her journal or mail or E-mail. Why do we do it? Nearly half of us chalk it up to "just plain nosiness"!

Teens are not above spying, either. Forty-four percent have eavesdropped on our phone conversations, 21 percent have opened our mail, and 72 percent have rummaged through our purses, closets or dresser drawers.



r daughters; 42 percent say they're best friends

E BATTLE ZONES

y mother-daughter pair has their
e of fights. Moms say that
ercent of the time they argue
their daughters' attitude. Other
les: whether or not she helps
nd the house (21 percent)
and how she treats her siblings (13 percent). Surprisingly, only 7 percent of moms say they fight with their daughters about grades.

Forty-one percent of teens agree that mothers are much more likely to gripe about their behavior than about their grades or friends. But according to LHJ respondents, daughters know how to hit back where it hurts: The angry criticism they're most likely to hurl at Mom is that she doesn't buy them enough, followed by the perennial "You're a bad mother!"

ig spenders

een girls are quick to exercise their buying power. Forty-two percent say they pend the majority of their money on clothes and makeup, 41 percent splurge go out with friends and 25 percent buy movie tickets, magazines and CDs. Daughters see their mothers' spending habits as eminently sensible: inety-five percent say that if Mom won the lottery, she'd sink the millions into er children's college education or into paying off debts.

WHO ANSWERED OUR SURVEY
Median age of respondent: 43
Median age of teenage daughter: 16
Average household income: $61,000
79% of respondents are married
85% have two or more children
80% are college-educated

Text by Lorraine Glennon

Don't They

These stars have always had a knack for looking fashionable a







Goldie Hawn, 53

Style: Sleek and sexy: slinky dresses and capri pants in neutrals or pastels



Beauty trademark: Face-framing layered hair; lashes made lush with lots of black mascara; a friendly, megawatt smile



Never without: Something to highlight her long, shapely neck—a feminine necklace or shoulder-baring top



Ageless beauty secret: Stay true to a look that works. Long shaggy bangs keep attention focused on eyes (and hide fine lines and [illegible])



Dressy or [illegible]-shoulder strapless look[illegible] pair[illegible]

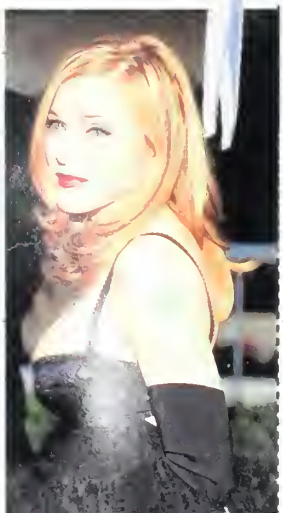
Madonna, 40

Style: Ever-changing, often the woman who both first wore—and abandoned—the latest trend



Beauty trademark: Hair that bounces from blond to brunet and back; high brow arch echoes sharp curve of lipline

Never without: Tweezers to hold that browline; translucent powder to even out skin tone



Ageless beauty secret: Do the unexpected: Experiment with new clothing styles, makeup and haircolor

Play up what's most toned: Shoulders? Skinny strap styles. Arms? Go sleeveless

Sharon Stone, 41

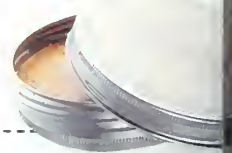
Style: Mixes cheap pieces with chi[illegible] to create her trademark new classics style



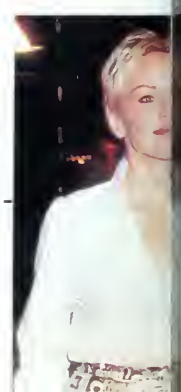
Beauty trademark: Sparkling white teeth, radiant smile



Never without: Blue-red lipliner to accentuate her pearly whites, and hair pomade to give layers a trendy, piecey look



Ageless beauty secret: Get a hip haircut. Sharon's short do keeps her look ageless and cutting-edge



Back-to-basics: a little black dress; a crisp white shirt paired with anything

Look Great?

ulous. Here's what they can teach you about enduring style







usan Sarandon, 52

y day: artsy but sophisticated
y night: simple sparkling
neaths



Trendsetting vibrant red haircolor and a sexy layered cut



Matte brown-red lipstick freshens face without a lot of other makeup

Cleavage (okay, so her secret isn't so hidden!) and a sexy pushup bra under everyday clothes



Add one or two trendy items—a copper satin blazer, a tiger-print trench—to give your basics a pop of style

Kim Basinger, 45

Retro glamour with a streamlined modern twist



Flawless, luminous complexion; full soft lips



Lip balm, grooming cream for glossy hair, moisturizer/sunscreen to hydrate and protect skin



Her long blond mane used to be her signature; now with it shorter and sleeker, the focus is on the face. Concentrate on skin care, and use a sheer light-reflecting foundation to enhance the good results

Choose simple lines with feminine flair and luxurious fabrics like silk and satin

Oprah Winfrey, 45

Pure polish: impeccable grooming, no-frills attitude toward fashion



Dramatically defined eyes and lips in luminous neutral tones

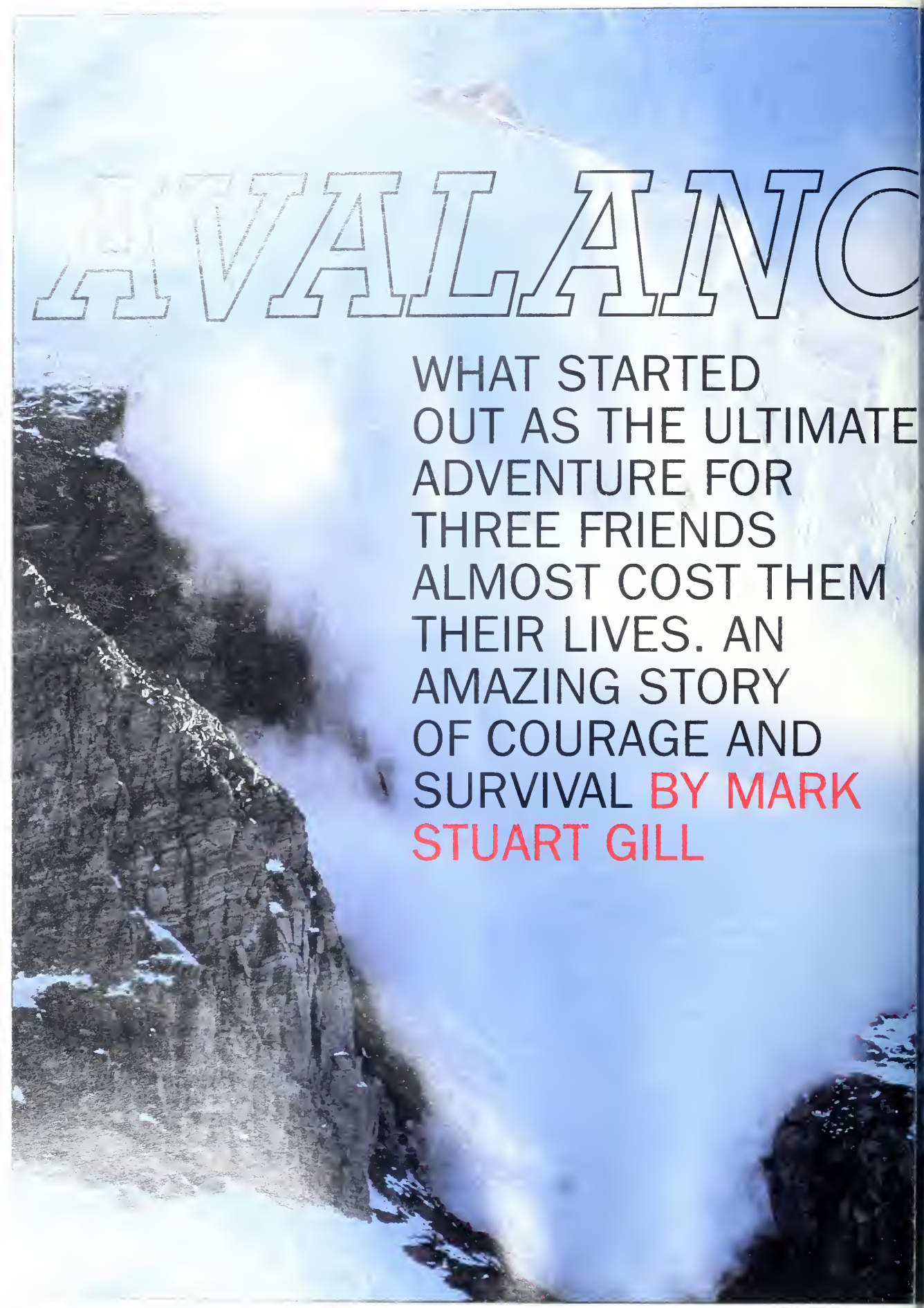


Hair-straightening iron for on-the-go touch-ups; diamond studs and elegant drop earrings

Sure, intense workouts help control weight, but exercising regularly also leaves you feeling more energetic



Wear close-to-the-body silhouettes in a head-to-toe neutral; save prints for accessories



AVALANC

WHAT STARTED OUT AS THE ULTIMATE ADVENTURE FOR THREE FRIENDS ALMOST COST THEM THEIR LIVES. AN AMAZING STORY OF COURAGE AND SURVIVAL BY MARK STUART GILL

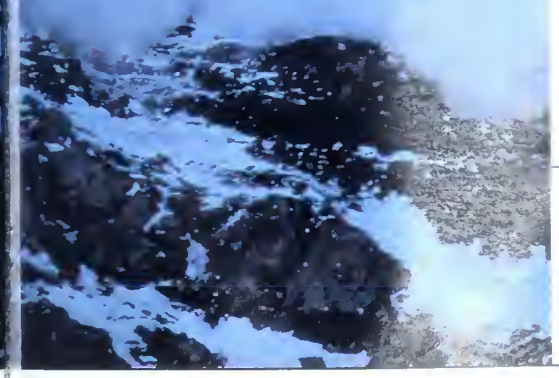
HE!

Deborah Lynn was exhilarated. The anesthesiologist and mother of three was part of a group of amateur climbers who had just scaled one of the tallest peaks in the continental U.S.—14,410-foot Mount Rainier, near Seattle.

On the way back down the mountain that day last June, Lynn, forty-five, was about to cross a narrow ledge 11,400 feet up. Known as Disappointment Cleaver, it is regarded as the most treacherous area on Mount Rainier—a place where one mistake can cost a climber her life.



From the left: Nina Redman, Deborah Lynn and Susan Hall trained for months on a two-hundred-foot sand dune near their homes in California

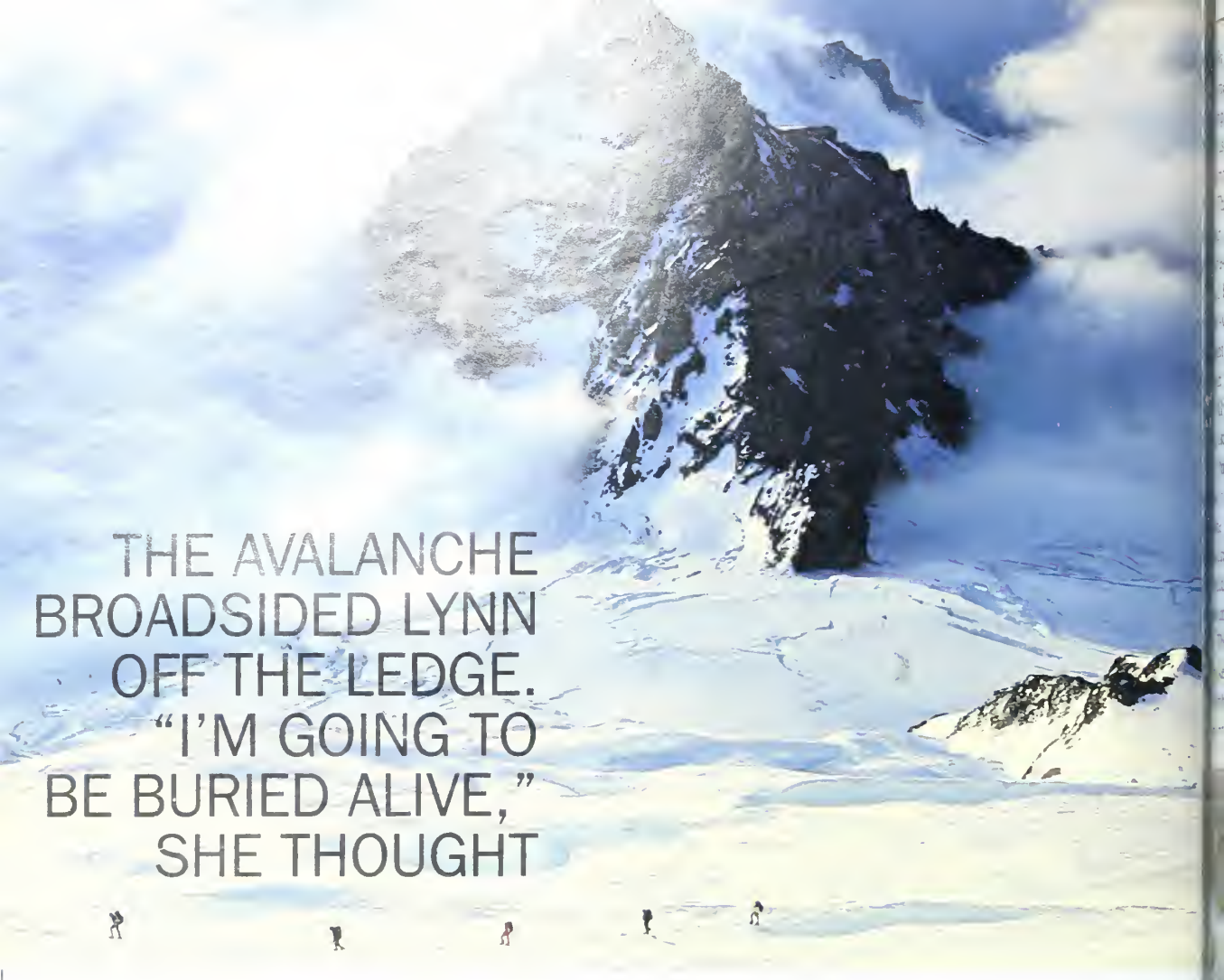


Curt Hewitt, one of the leaders of Lynn's mountain-climbing group and a professional guide, hooked himself and his team onto the 800-foot safety line strung along the length of Disappointment Cleaver and anchored into the mountainside by aluminum spikes.

Halfway across the ledge, Lynn heard what sounded like thunder. A moment later there were shouts of "Snow falling!" Then "Run . . . *Run!!*" The entire slope above—literally tons of snow—was sliding toward her in an impossibly large slab. "I thought I was going to die," Lynn says.

A Daring Dream

It had been a long trip for Lynn and her friends, Nina Redman and Susan Hall, from their homes *(continued)*



THE AVALANCHE BROADSIDED LYNN OFF THE LEDGE. "I'M GOING TO BE BURIED ALIVE," SHE THOUGHT

(continued) in Manhattan Beach, California, to the top of Mount Rainier. A year earlier, Lynn and Redman had first come up with the idea of climbing the mountain. Lynn, athletic by nature, felt she was up to the challenge. Redman, thirty-six, a college reference librarian with two children, was excited at the though of doing something daring. "I needed a goal to inspire me to stay in shape," she admits. Her enthusiasm was shared by Hall, a forty-six-year-old single mother of two and a database administrator, who hadn't taken a vacation in three years.

Lynn and Redman had been captivated by *Into Thin Air* (Villard, 1997), the best-selling book by Jon Krakauer about a disastrous 1996 Mount Everest climb, in which eight people died. That tragedy, far from dissuading would-be climbers, seemed to increase public fascination

Its potentially

are so similar to the conditions in the Himalayas that many professiona climbers train there before attempting Everest. In Jun 1981, eleven people were killed in a monstrous avalanch on Mount Rainier. It was the worst climbing accide ever in the U.S.

Despite the potential danger, Lynn, Redman an Hall signed up with Rainier Mountaineering, In (RMI), one of the most renowned schools of its kin in the country, in April 1998. The guided climb, in cluding a three-day course in basic mountaineerin skills, cost $765, plus another $150 in equipmen rental. The only requirement was that climbers had t be able to haul a fifty-pound pack up four thousan vertical feet. If a group member couldn't hack it onc she got to climb school, she would not be allowed t climb Mount Rainier.

To prepare themselves for the physical challeng Hall, Redman and Lynn began a tough training reg men. Several times a week for two months, the friend met at a local park after work to scale a two-hundre foot-high sand dune. They increased the intensity o their training gradually by wearing backpacks filled wit two-liter bottles of water.

By the time climb school began[illegible] the
men were in peak physical [illegible] At the base
of Mount Rainier—located [illegible]
thousand feet—Lynn, Redman and Hall [illegible]
mountaineering techniques from their RMI [illegible]
They also became friendly with the six [illegible]
climbers in the group. Patrick Nestler, a twenty-
one-year-old engineer from Rowayton, Connecticut,
had been planning the adventure for four years. Fifty-
two-year-old Gregg Swanson, a California phone equip-
ment salesman, was using the climb as a way to deal
with his grief over the death of his nephew, a former
RMI guide, in a helicopter accident in the Canadian
Rockies two years earlier.

Once they completed the training course, the group be-
gan their trip to the top of the mountain at three A.M. on
June 11. The climb "was very difficult," recalls Redman
because the air has less oxygen at high altitudes, just
breathing is hard. "The last one hundred feet [up the
mountain] I was asking myself, Is this worth it?"

They reached the summit by noon, and the group
broke into a cheer. One of the men began to weep. The
members marveled at their accomplishment and then
spent the next hour gawking at nearby Mount St. Helens,
[illegible] photos of each other.

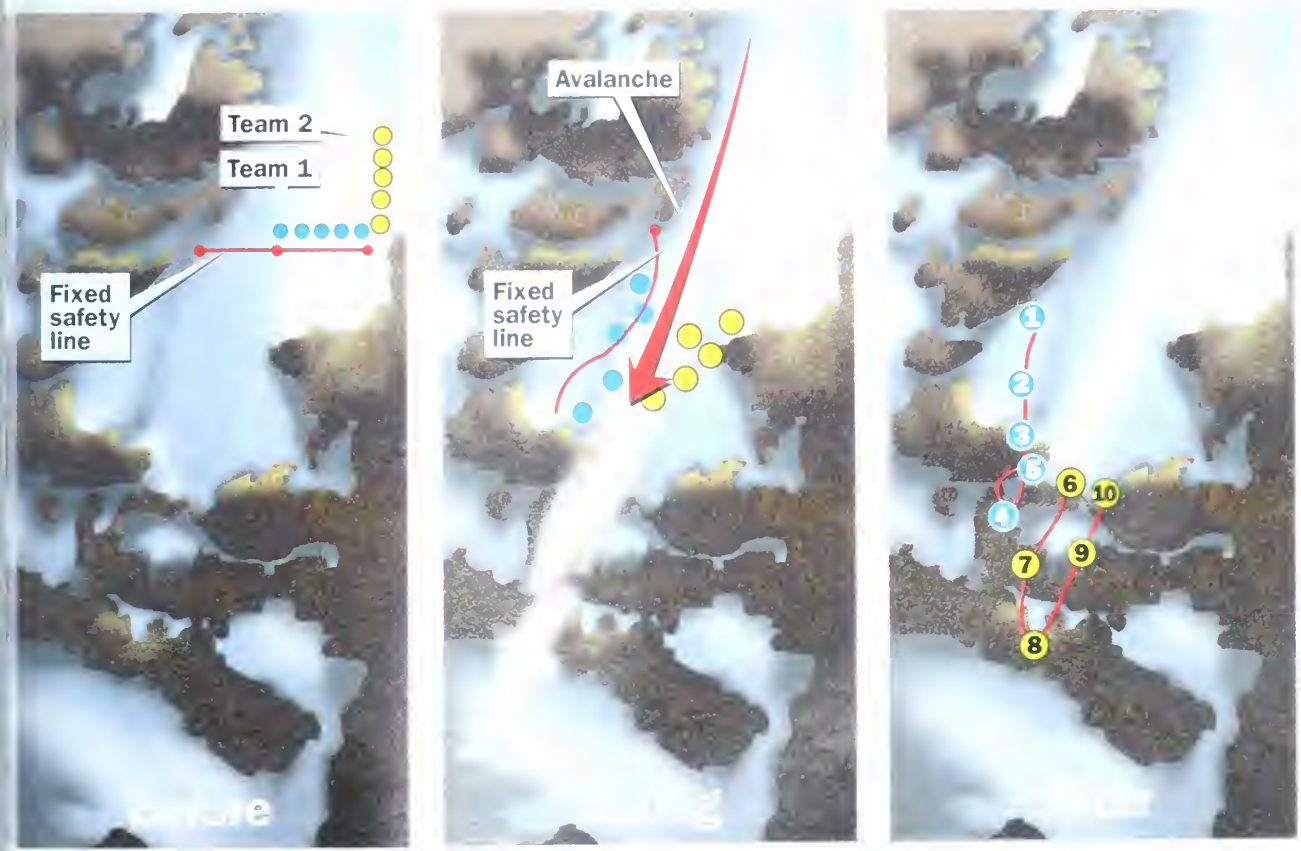
At one p.m. the group began picking their way back
down the mountain in teams of five roped together. But
the climbing conditions had deteriorated. Six to ten inch-
es of new snow had covered the eastern slope of Rainier
the previous night. All day, the sun had baked the surface
and the temperature had risen to about sixty degrees, cre-
ating a large mantle of slush on top of hard-packed
frozen snow. Under such conditions, an icicle breaking or
a loud voice can [illegible] an avalanche.

Lynn, Hall and the other three members of their team
reached Disappointment Cleaver at two P.M. A few min-
utes later they heard shouts—then the huge wall of snow
bore down on them.

The team members began to run for their lives along
the tiny ledge. The snow plummeted down the steep gul-
ly between the two glaciers, picking up speed and fanning
out in the shape of a deadly inverted V.

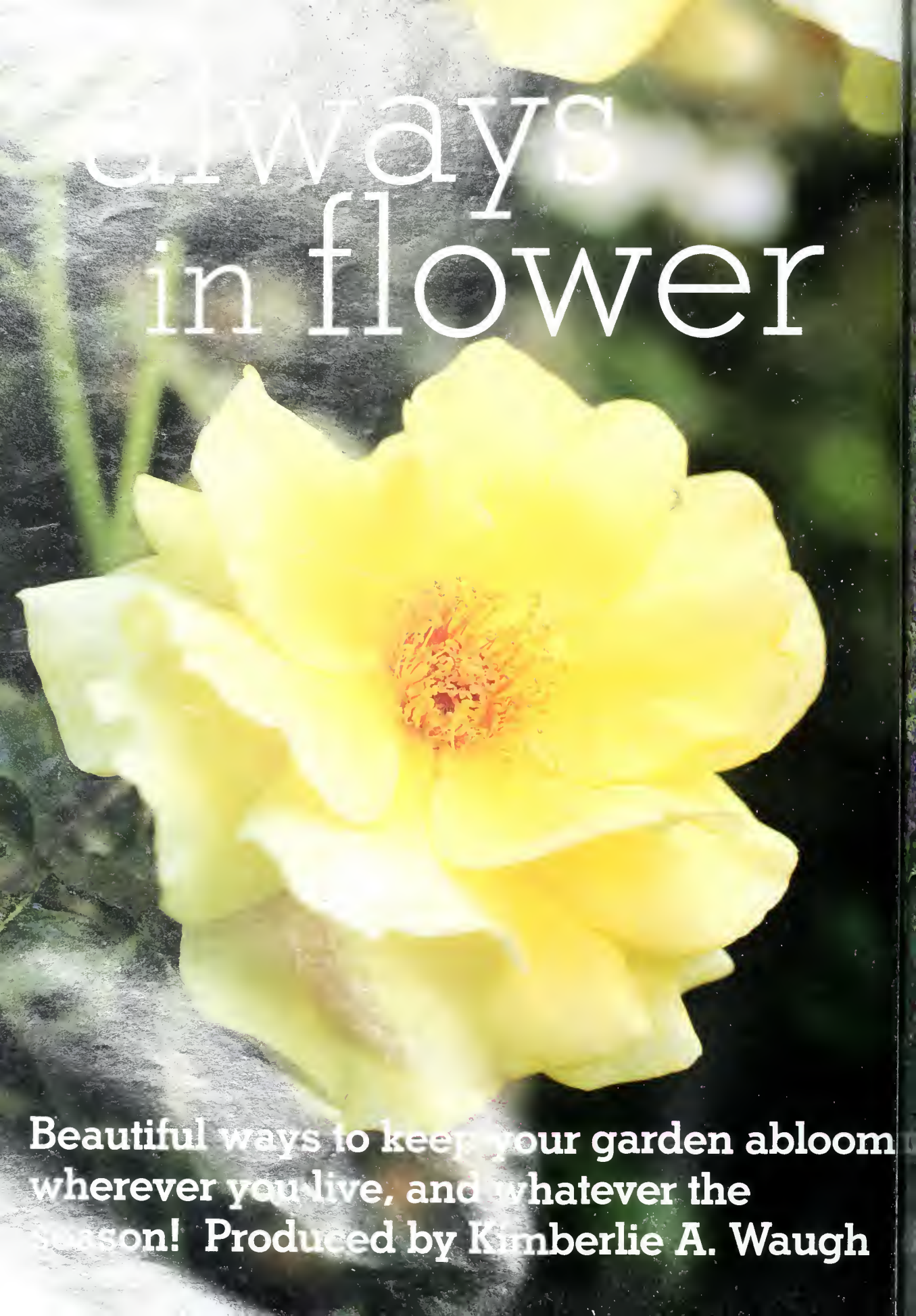
Lynn had run just a few yards when the slide broadsid-
ed her off the ledge. "I became airborne," she remem-
bers. "Then I was enveloped in snow." *I'm going to be
buried alive*, she thought. Hall, who eventually blacked
out, was submarining face first down the slope.

Fifty feet behind her friends, *(continued on page 235)*



ANATOMY OF AN AVALANCHE

Shortly after two P.M. on June 11, 1998, two teams of five climbers reached Disappointment Cleaver, a ledge between two glaciers, at 11,400 feet. As the first team started to cross the Cleaver, the avalanche struck. When it was over, Deborah Lynn ❹ hung suspended off a cliff with 35°F. water from melting snow pouring over her; Susan Hall ❸ was sprawled in the snow with the straps of her backpack around her neck, choking her; and Nina Redman ❾ and climber Patrick Nestler ❽ dangled from a rope attached to Ruth Mahre ❶. Nestler later died from hypothermia.


ways
in flower
Beautiful ways to keep your garden abloom
wherever you live, and whatever the
season! Produced by Kimberlie A. Waugh



In front of a rose-bedecked arch, purple salvia drape over a boxwood [illegible] remains the most [illegible] landscape. "The boxwood is the only [illegible] thing in the garden. Even the [illegible] have a [illegible] influence."



Admiring Sharon Milder's exuberant Los Angeles garden, an all-seasons riot of blooms from front yard to back, you'd think she was a born gardener. But the gardening bug bit her only about six years ago.

"My father was seriously ill, and I wanted to do something physical, to create something," she says. She started with a swath ten feet wide, planting thirty rosebushes all along the front of her house. The next year, she planted along both sides of the brick walkway leading up to the front door. Year by year, more of the yard was given over to flowers—foxglove, salvia, coreopsis, iris, clematis, more roses—until the house was surrounded by a tumbling English-cottage–style garden, delightfully overgrown.

Sharon learned as she went along. "I read everything I could find and asked lots of questions at nurseries," she says. And clearly, the Southern California climate is a major factor in her yard's year-round color. But some of her gardening tricks apply to all gardens, wherever they happen to be:

• **Choose plants with long flowering seasons.** For instance, the Iceberg rose over the front door "blooms its head off," for months, Sharon says. Coreopsis, blooms all summer, and the 'Eleanor Roosevelt' iris up to four times a year.

• **Don't cut back too far.** "Some people prune their rosebushes to nubs in order to get a few huge roses later on, but I'd rather have lots of smaller blooms. I wait to cut them back after they bloom."

• **Plant for as much of the year as you can.** Sharon starts planting bulbs in August and September, perennials in late fall, dahlias and pinks in January and February. In spring and summer, she plants perennials and annuals that nurseries don't carry at other times of the year.

• **Don't buy annuals already in bloom.** "After all, you want to be able to enjoy the flowers for as long as you can!" —*Janet Bailey*

For a special gardening offer, see page 123.



The poolside patio is a favorite place for entertaining. Iceberg roses, Shasta daisies, yellow coreopsis, pink pincushion flower, fragrant purple alyssum and tiny Santa Barbara daisies frame the French doors.



all the best bloomers

[illegible] exact science, [illegible] boost your success. [illegible] plants can have [illegible] seasons. In most cases we've [illegible] specific variety.

PLANTS	REGION: Pacific Coast & Northwest	Southwest	Rocky Mountains	Southeast	Midwest & Northeast
Late Winter/ Early Spring					
[illegible] *shrub*	❀❀	❀❀		❀❀	
[illegible] *shrub*	❀❀	❀	❀❀	❀❀	❀❀
[illegible] *shrub*	❀❀		❀❀	❀	❀❀
Late Spring/ Summer					
Tickseed [illegible] *perennial*	❀❀	❀❀	❀❀	❀❀	❀❀
Crocosmia [illegible] *bulb*	❀❀	❀❀	❀❀	❀❀	❀❀
Purple coneflower [illegible] *perennial*	❀❀	❀❀	❀❀	❀❀	❀❀
Daylily [illegible] *perennial*	❀❀	❀❀	❀❀	❀❀	❀❀
Shasta daisy [illegible] *perennial*	❀❀	❀❀	❀❀	❀❀	❀❀
Roses [illegible] *shrub*	❀❀	❀❀	❀❀	❀❀	❀❀
Gloriosa daisy [illegible] *perennial*	❀❀	❀❀	❀❀	❀❀	❀❀
Autumn					
New England [illegible]	❀❀	❀❀	❀❀	❀	❀❀
Chrysanthemum [illegible] *perennial*	❀❀	❀	❀❀	❀❀	❀❀
Peegee [illegible] *shrub*	❀❀	❀	❀❀	❀❀	❀❀
Sedum [illegible] *perennial*	❀❀	❀❀	❀❀	❀❀	❀❀

❀❀ [illegible] in this area ❀ blooms briefly in this area blank: not recommended in this area



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llet Soufflé



Strawberry Shortbread Tarts

QUICK TAKES

Get ready to go grill crazy with our sizzling kebabs. Then, for a sweet, fruity treat, try these simple-to-make strawberry desserts. Say hello to spring with pretty party cookies and the season's fresh crop of asparagus. We've also got recipes for the perfect waffle and a reduced-fat Reuben sandwich



rawberry-Caramel
uce on an ice-cream
d sorbet sundae

Skillet Soufflé

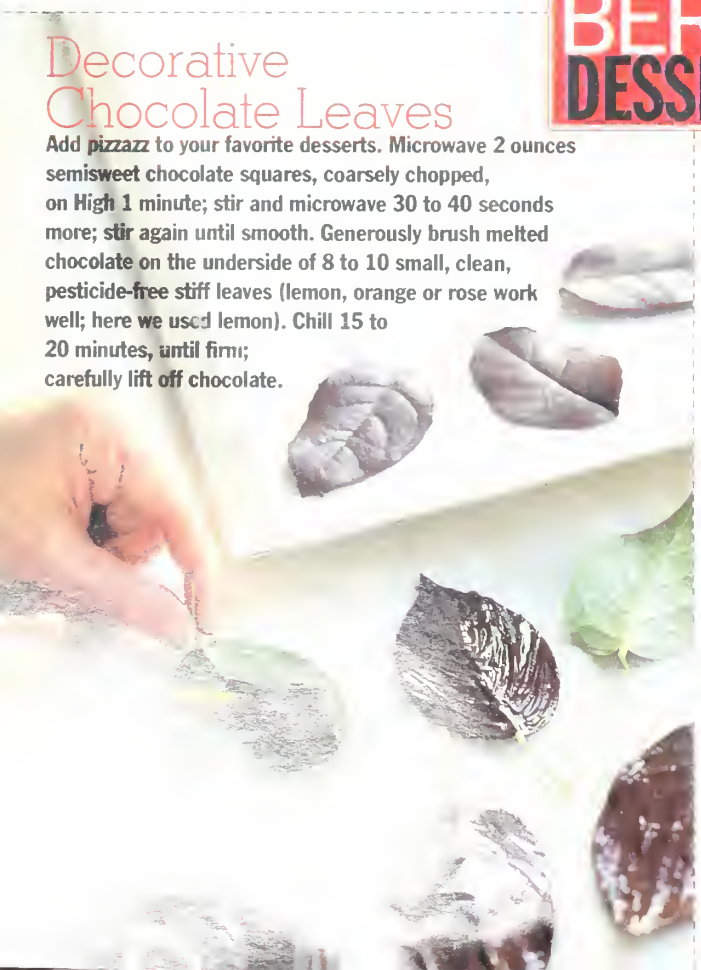
A soufflé baked in a skillet might not be traditional, but it sure is easy—and every bit as elegant as the classic.

Prep time: 15 minutes. **Baking time:** 15 minutes
Easy, Low-calorie

2 pints fresh strawberries, hulled
½ cup strawberry preserves
1 tablespoon framboise (raspberry-flavored liqueur)
2 tablespoons unsalted butter (no substitutions)
8 large egg whites
¼ teaspoon cream of tartar
¼ teaspoon salt
¼ cup plus 2 tablespoons sugar, divided

1. Heat oven to 375° F. Mash 1 cup strawberries and strawberry preserves with a potato masher in a bowl; stir in framboise.
2. Start to melt butter in a deep 10-inch or 11-inch skillet over low heat.
3. Meanwhile, beat egg whites, cream of tartar and salt to soft peaks in large mixer bowl. Gradually beat in ¼ cup sugar. Beat to stiff peaks. Fold strawberry mixture into whites, one third at a time, just until blended.
4. Increase heat to medium-low. Pour mixture into skillet, gently spreading it to the sides and mounding in the center. Cook 2 minutes. Transfer skillet to oven and bake soufflé 15 minutes, until set. Slice remaining strawberries and transfer to bowl. Toss with remaining 2 tablespoons sugar. Serve soufflé immediately with berries. Makes 8 servings.

Per serving: 135 calories, 3 g total fat, 2 g saturated fat, 8 mg cholesterol, 133 mg sodium, 23 g carbohydrates, 4 g protein, 17 mg calcium, 2 g fiber



Decorative Chocolate Leaves

Add pizzazz to your favorite desserts. Microwave 2 ounces semisweet chocolate squares, coarsely chopped, on High 1 minute; stir and microwave 30 to 40 seconds more; stir again until smooth. Generously brush melted chocolate on the underside of 8 to 10 small, clean, pesticide-free stiff leaves (lemon, orange or rose work well; here we used lemon). Chill 15 to 20 minutes, until firm; carefully lift off chocolate.

Strawberry-Caramel Sauce

Indulgent But Worth It
Homemade Strawberry-Caramel Sauce tops ice cream and sorbet, making a to-die-for seasonal sundae.

Prep time: 10 minutes. **Cooking time:** 13 to 18 minutes
Easy

Strawberry-Caramel Sauce
½ cup sugar
¼ cup water
2 tablespoons orange juice
1 cup heavy or whipping cream
Pinch salt
½ teaspoon vanilla extract
1 pint fresh strawberries, hulled and quartered
2 pints vanilla ice cream
1 pint strawberry sorbet
Fresh strawberries, for garnish

1. Bring sugar and water to boil in medium saucepan over medium-high heat. Reduce heat to medium and cook, swirling pan occasionally, until mixture is caramel-colored, 5 to 10 minutes. Remove from heat. Carefully stir in orange juice with a long-handed wooden spoon (mixture will bubble). Stir vigorously until blended.
2. Return pan to heat; stir in heavy cream and salt. Bring to boil; reduce heat and simmer sauce until thickened and reduced to 1 cup, about 8 minutes. Stir in vanilla. Pour sauce into medium bowl and stir in strawberries.

Scoop ice cream and sorbet into eight serving dishes. Divide and spoon Strawberry-Caramel Sauce over top. Garnish with strawberries, if desired. Makes 8 servings.

Per serving without garnish: 355 calories, 18.5 g total fat, 11.5 g saturated fat, 88 mg cholesterol, 88 mg sodium, 46 g carbohydrates, 3 g protein, 114 mg calcium, 1 g fiber

Recipes by Sarah Reynolds

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LEAN·POCKETS
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GRILL



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Tomato-poblano puree
2 pounds plum tomatoes, halved lengthwise
6 poblano chiles (about 1 lb.)
3 tablespoons olive oil, divided
1 tablespoon red-wine vinegar
½ teaspoon minced garlic
½ teaspoon salt

1 tablespoon chopped garlic
1 teaspoon salt
2 pounds boneless leg of lamb, trimmed and cut in 1"-inch cubes (about 24 pieces)

Rub
1 tablespoon paprika
1 teaspoon cumin
¼ teaspoon ground red pepper

3 onions
Metal skewers
1 package (14 oz.) Middle Eastern bread, torn into 6 pieces, or 6 pocketless pitas
2 tablespoons butter, melted (no substitutions)
Yogurt, for garnish (optional)

1. Heat oven to 450 F. Line a large jelly-roll pan with foil.
2. *Make tomato-poblano puree:* Toss tomatoes and chiles in large bowl with 1 tablespoon oil. Arrange chiles and tomatoes, cut side up, on prepared sheet. Bake 30 minutes, until tomatoes and chiles are lightly charred. Wrap vegetables in foil and let stand to cool, 15 minutes.
3. Unwrap vegetables. Separate chiles from tomatoes. Remove skin and seeds from chiles; chop enough to equal 1 tablespoon. Cut remaining chiles into thin strips; set aside.
4. Remove skin from tomatoes. Cook tomatoes in a large nonstick skillet over medium-high heat, mashing with wooden spoon until slightly thickened, about 5 minutes. Stir in chopped chiles, vinegar, garlic and salt. Makes 1½ cups.
5. Meanwhile, mash garlic and salt on board with side of knife to form a paste. Transfer to bowl, then stir in 1 tablespoon oil. Add ingredients for rub and lamb and toss. Cover and refrigerate to marinate, 2 hours for direct grilling.
6. Leaving stem end attached, cut onions into 6 wedges, being sure to include part of the stem end (this will keep onion together). Arrange onions in a single layer on a large microwaveproof plate. Cover with waxed paper and microwave on High 2 minutes. Skewer 4 pieces of lamb alternating with 3 onion wedges on each of 6 skewers. Brush remaining 1 tablespoon oil on onion wedges.
9. Oil grill. Grill lamb 10 to 12 minutes, turning skewers every 3 to 4 minutes, for medium-rare.
10. Grill bread about 1 minute per side. Arrange one piece on each serving plate. Spread top of each piece with 2 tablespoons tomato-poblano puree. Remove lamb from skewers; divide and place onto prepared bread. Top with poblano strips and remaining puree. Drizzle melted butter over each serving. Serve with yogurt, if desired. Makes 6 servings.

Per serving: 545 calories, 18.5 g total fat, 6.5 g saturated fat, 111 mg cholesterol, 1,039 mg sodium, 54 g carbohydrates, 41 g protein, 105 mg calcium, 5 g fiber

GINGER-LIME CHICKEN SKEWERS

Chunks of chicken seasoned with ginger, cilantro, lime and sesame oil and served with a soy dipping sauce make these kebabs a tantalizing appetizer. We chose boneless, skinless chicken thighs because they stay super moist and tender on the grill. Before skewering, lightly pound the thicker section of the thighs so meat cooks evenly.

Prep time: 20 minutes plus marinating
Grilling time: 10 to 12 minutes
Easy



1 pound boneless, skinless chicken thighs, cut into 1-inch pieces
1 tablespoon chopped fresh ginger
3 tablespoons chopped fresh cilantro
2 tablespoons nuoc mam (Vietnamese fish sauce)
1 tablespoon vegetable oil
1 tablespoon minced green onion
1 teaspoon grated lime peel
1 teaspoon Asian sesame oil

Dipping sauce
2 tablespoons lite soy sauce
2 tablespoons fresh lime juice
1 tablespoon vegetable oil
2 teaspoons honey
¼ teaspoon grated lime peel

12 large green onions
Wooden skewers soaked in water 30 minutes
Green onion tops, for garnish

1. Combine chicken and remaining ingredients in medium bowl. Cover and marinate in the refrigerator 1 hour. *(Can be made ahead. Refrigerate up to 24 hours.)*
2. *Make dipping sauce:* Combine all ingredients in small bowl. Set aside. Makes ⅓ cup. *(Can be made ahead. Cover and refrigerate up to 24 hours.)*
3. Prepare grill according to manufacturer's directions for direct grilling.
4. Cut each green onion crosswise into 2-inch pieces. Alternately skewer four to five pieces of chicken and two pieces of green onion on each skewer. Grill kebabs over medium coals until lightly charred and cooked through, 5 to 6 minutes per side. Line a serving plate with green onion tops; arrange kebabs on top. Serve with dipping sauce. Makes 6 servings.

Per serving: 170 calories, 9 g total fat, 1.5 g saturated fat, 63 mg cholesterol, 469 mg sodium, 6 g carbohydrates, 17 g protein, 33 mg calcium, 1 g fiber

(continued on page 225)

LADIES' HOME JOURNAL online — Never Underestimate The Power Of A Woman

There are lots more cooking secrets from the pros in the *Ladies' Home Journal* kitchen on our Web site. (Oh, an [illegible] kitchen!)

You'll find new recipes and ideas for [illegible] including Lemon Mousse Roulade.

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From left: Roasted Asparagus; Asparagus with Barley and Wheatberries

Spring delight Tender green asparagus is at its freshest, most flavorful best right now

Asparagus delivers delicate sweet flavor along with a high dose of folic acid, vitamin C, thiamin and vitamin B_6.

ROASTED ASPARAGUS

Roasting brings out the fullest flavor of vegetables, and asparagus is no exception.

Prep time: 10 minutes
Baking time: 20 minutes
Easy

2 pounds fresh asparagus, trimmed
2 tablespoons olive oil
Pinch salt
Shaved Parmesan cheese
Fresh ground pepper

Arrange asparagus in single layer in shallow roasting pan. Drizzle with oil; sprinkle with salt. Roast at 400°F 10 minutes. Remove pan from oven; stir asparagus and rearrange in single layer. Return pan to oven; roast 10 minutes more, until asparagus is tender. Sprinkle with cheese, if desired, and pepper. Makes 4 servings.

Per serving: 80 calories, 6 g total fat, 1 g saturated fat, 0 mg cholesterol, 31 mg sodium, 5 g carbohydrates, 5 g protein, 32 mg calcium, 1 g fiber

ASPARAGUS WITH BARLEY AND WHEATBERRIES

You'll need to allow some simmering time for the wheatberries, but their deep nutty flavor and texture make it worth the wait.

Prep time: 20 minutes
Cooking time: 45 minutes plus standing
Easy, Low-fat, Low-calorie

⅓ cup wheatberries
¾ teaspoon salt, divided
2 pounds fresh asparagus, trimmed
1 tablespoon olive oil
2 ounces pancetta (Italian bacon), chopped
½ cup finely chopped onion
1 cup pearl barley
1 can (14½ oz.) chicken broth
1 tablespoon chopped parsley

1. Rinse wheatberries, drain. Bring wheatberries and 4 cups water to boil in saucepan. Simmer wheatberries until softened but still crunchy, 45 minutes. Remove from heat, cover and let stand 15 minutes.
2. Bring 2 inches of water to boil in small Dutch oven. Add ½ teaspoon salt and half the asparagus; simmer until stalks are just tender, 5 to 8 minutes. Remove with tongs to plate. Repeat; discard water.
3. Heat oil in Dutch oven over medium heat. Add pancetta and cook 2 minutes; stir in onion. Cook until onion softens. Stir in barley, broth and 1½ cups water. Bring to boil. Cover and simmer until most of the liquid is absorbed, 30 to 35 minutes. Drain.
4. Cut asparagus into 2-inch pieces; stir into barley with wheatberries and remaining ¼ teaspoon salt. Stir in parsley. Makes 6 servings.

Per serving: 265 calories, 9 g total fat, 2.5 g saturated fat, 6 mg cholesterol, 556 mg sodium, 39 g carbohydrates, 10 g protein, 48 mg calcium, 8 g fiber ●

Recipes by Jane Yagoda Goodman

Wrap stalks in a damp paper towel and refrigerate in a plastic bag up to one week. Never peel asparagus, just trim a half inch off the white portion of the stalk before cooking.

Pardon me,

do you have what it takes to make potatoes like these?



Only if you have Grey Poupon.

Grey Poupon's unique blend of herbs, spices and white wine make even the ordinary extraordinary.

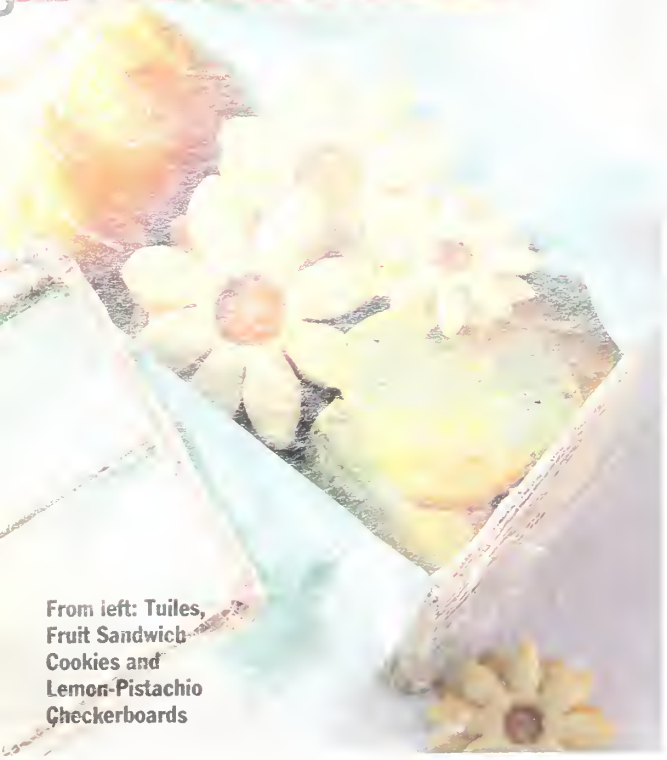
Herb-Roasted Potatoes Poupon

5 tbsp. Grey Poupon Dijon Mustard
2 tbsp. olive oil
1 clove garlic, chopped
1/2 tsp. Italian seasoning
6 medium red-skin potatoes (about 2 pounds), cut into chunks

Mix all ingredients except potatoes in small bowl. Place potatoes in lightly greased 13x9x2-inch baking pan or on shallow baking sheet; toss with mustard mixture. Bake at 425°F for 35 to 40 minutes or until potatoes are fork tender, stirring occasionally. Makes 4 servings.

Grey Poupon & potatoes. But of course.

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From left: Tuiles, Fruit Sandwich Cookies and Lemon-Pistachio Checkerboards

Welcome guests or simply treat yourself with this delicate and oh-so-sweet trio of pretty party cookies

LEMON-PISTACHIO CHECKERBOARDS

The two flavors in this cookie are complementary enough to turn these treats into everyone's favorite.

Prep time: 15 minutes plus chilling
Baking time: 11 to 13 minutes per batch
Easy

2¼ cups all-purpose flour
½ teaspoon baking powder
¾ cup butter, softened (no substitutions)
¾ cup sugar
1 large egg
2 teaspoons grated lemon peel
2 drops yellow food coloring
½ cup shelled unsalted pistachios, finely chopped
¼ teaspoon almond extract
3 drops green food coloring

1. Combine flour and baking powder in bowl. Beat butter and sugar in large mixer bowl. Beat in egg. Stir in dry [illegible] until blended. [illegible] hands [illegible] together [illegible]

coloring into other half (photo A). Divide each kind of dough into two pieces. Roll each into a 12-inch rope (photo B).

3. Line an empty box with waxed paper, letting paper extend at ends. Place a pistachio rope and a lemon rope in box, side by side. Press to flatten. Repeat with remaining dough, placing opposite kinds on top of each other. Press to flatten; refrigerate overnight.

4. Heat oven to 350°F. Butter two cookie sheets. Unwrap log; cut into scant ¼-inch-thick slices. Place 1 inch apart on sheets. Bake 11 to 13 minutes, until just golden. Cool on wire rack. Makes about 4 dozen cookies.

Per cookie: 65 calories, 3.5 g total fat, 2 g saturated fat, 13 mg cholesterol, 37 mg sodium, 8 g carbohydrates, 1 g protein, 6 mg calcium, 0 g fiber

[illegible]

[illegible] wafer-thin cookies are a bake[illegible] classic

Prep time: [illegible] minutes
Baking time: 5 to [illegible] minutes

2 large egg whites
½ cup sugar
¼ cup all-purpose flour
3 tablespoons butter (no substitutions), melted and cooled
1 teaspoon grated orange peel
6 ounces white chocolate squares, melted

1. Heat oven to 350°F. Generously coat a large cookie sheet with vegetable cooking spray. Whisk egg whites and sugar in a bowl. Add flour; whisk until smooth. Add melted butter and orange peel; whisk until well blended.

2. Drop batter by level measuring teaspoonfuls 6 inches apart on sheet, making only 4 cookies per sheet. Bake 5 to 6 minutes until golden.

3. Let cookies cool on sheet 30 seconds to 1 minute. Working quickly, loosen each cookie with a thin metal spatula and immediately drape over a rolling pin to cool (photo C), pressing cookies lightly to mold onto rolling pin. (If cookies harden to cookie sheet, return to oven for 1 minute to soften, then drape over rolling pin.) Cool on wire racks. Repeat.

4. Spoon melted chocolate into a heavy-duty plastic storage bag; snip off one corner of bag. Pipe tops of cookies with chocolate; let stand until chocolate is firm. Makes about 4 dozen cookies.

Per cookie: 35 calories, 2 g total fat, 1 g saturated fat, 2 mg cholesterol, 13 mg sodium, 5 g carbohydrates, 0 g protein, 8 mg calcium, 0 g fiber

(continued)



A



(A) For the Checkerboards, use your hands to blend color evenly. (B) Roll the yellow and green dough into 12-inch ropes

B



C

(C) For the Tuiles, drape cookies over rolling pin, then press lightly to mold curve

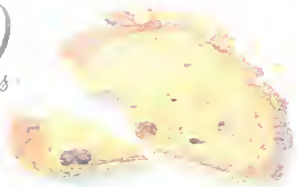

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Food Editor's Favorite

A choice of two fillings: mango butter or lemon curd

Prep time: 35 minutes plus chilling
Baking time: 8 minutes per batch

1 cup butter, softened (no substitutions)
2 cups confectioners' sugar
1 tablespoon grated lime peel
2 large eggs
3 cups all-purpose flour
¼ teaspoon salt
¾ cup to 1 cup prepared mango butter or lemon curd*

1. Beat butter, sugar and lime peel in mixer bowl until fluffy. Beat in eggs one at a time. Gradually beat in flour and salt. Divide dough into four pieces, shape into disks, wrap and refrigerate 2 hours or overnight.
2. Heat oven to 350°F. Butter two large cookie sheets. On a lightly floured surface with a floured rolling pin, roll one piece of dough ⅛ inch thick. Cut with a 2- or 3-inch flower or scalloped cookie cutter. With a ¾-inch round cutter, cut out the circles in the cent of half the 3-inch cutouts. (For 2-inc cutouts, use a ½-inch-wide star tip.) Place 1 inch apart onto sheets. Bake 8 minutes, or until edges are golden. Cool on wire racks. Repeat with remaining dough, re-rolling scraps.
3. Spread plain cookies with mango butter or lemon curd. Top with cut cookies. Makes 2 dozen 3-inch cook or 5 dozen 2-inch cookies. *(Can be made ahead. Freeze in airtight contain up to one month.)*

Per 3-inch cookie: 175 calories, 8.5 g total 5 g saturated fat, 38 mg cholesterol, 96 mg sodium, 23 g carbohydrates, 2 g protein, 7 mg calcium, 0 g fiber ●

*MANGO BUTTER IS AVAILABLE IN THE JAMS AND JELLI SECTION OF THE SUPERMARKET AND AT AMERICAN SP FOODS, 888-735-6700

Recipes by Sarah Reynolds

LADIES' HOME JOURNAL online
Never Underestimate The Power Of A Woman
Log on to LHJ Online at http://www.lhj.com/kitchen/ to find video demonstrations by the pros in th LHJ kitchen to help you make Lemon-Pistachio Checkerboards and Tuiles.



LHJ SPECIAL OFFER

A set of tinplate cookie cutters, created exclusiv for LHJ readers by Creative House Internationa is designed to help you make our delicious spri cookies similar to ours, pictured on page 230. The Fr Sandwich Cookie Package (not shown) comes with tw 3" daisy-shaped cutters, two 2" daisy-shaped cutters and one ¾" mini circle. Included also is a 9-ounce ja Rowena's Gourmet Lemon Curd. The exclusive set of five cutters and the curd sells $27.95. The Triple-Tiered Cooling Rack (pictured) holds at least three dozen cookie and folds flat for easy storage. Its nonstick surface can support heavy pies, too! By arrangement with T&L Nifty Products, this rack sells for $29.95.

Prices include shipping, handling and applicable sales tax. TO ORDER: Call 800-763-6393 (MasterCard, Visa and Discover Card users) or send your name, street address and check or money order to: *Ladies' Home Journal*® Resources, Dept. L0599, P.O. Box 938 Des Moines, IA 50306-9381. Please specify product.

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NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each our recipes to help you plan nutritious meals.

Daily Goal

Calories	2,000 (F); 2,500 (M)
Total fat	60 g or less (F); 70 g or less
Saturated fat	20 g or less (F); 23 g or less
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

BASED ON U.S.D.A. GUIDELINES

Mom's Greatest Gift Contest to Reward Moms for a Job Well Done

Continued from page 75

Rules

URCHASE NECESSARY TO ENTER OR WIN 8 x11 inch paper print or type the following n name address city state ZIP code age occupation and signature and a statement g in 50 to 75 words the greatest gift s hildren Children may also enter the contest for their mom (or female guardian) and for mother s guardian s name and the above Minor s entry (18 years or younger) must be t or guardian Children should explain the greatest gift(s) their mother female guardian them

ntry to WHIRLPOOL's Mom s Greatest Gift P.O. box hicago, IL 60639 or enter via E mail by visiting OL s Web site at *www Whirlpool com* E mail entries by entrants under the age of 18 years must also J S mail entry information signed by a parent or All E-mail entries must be received by midnight ne 15, 1999 Mail entries must be postmarked and received by June 22 No responsibility is r ost late, incomplete or misdirected entries hardware or software failures or errors t or unavailable network connections or in rbled or delayed computer transmissions If any fication letter is returned as undeliverable or we ceive a response within ten (10) days of mailing will be awarded to an alternate winner One entry hold allowed

ntest is open to any resident of the U S except s and their immediate families and households of Corporation Whirlpool Corporation Edelman Public ons Worldwide, Campbell-Ewald Advertising and sions, subsidiaries or affiliates

Prize (5) 2-day 2-night weekend for one in New arriving Saturday, September 25 1999, depart day September 27) Approximate retail value ncluded are two (2) nights' accommodations in a tel room one (1) one-hour massage one (1) one al one (1) manicure and one (1) pedicure one (1) v Show ticket a $500 shopping spree at Saks nue, all meals and ground transportation car e through Central Park Awards Luncheon and p coach airfare to New York City from major gate est winner s residence (All other expenses including portation to and from nearest major airport are onsibility of winner) Some travel restrictions may nner must depart on Saturday, September 25, and Monday, September 27, 1999 If winner is unable with these requirements, prize is forfeited and ate winner may be selected If entry submitted by winner prize will be awarded to entrant's mother guardian

ize (5) WHIRLPOOL washer and dryer sets Approxail value $900

e (20) *LADIES' HOME JOURNAL* magazine 1-year tions Approximately retail value $28 99

ize (25) *LADIES' HOME JOURNAL* Tote bags Apy value $20

ries and materials submitted become the property *HOME JOURNAL* and WHIRLPOOL and will not be or acknowledged The Mom's Greatest Gift contest ll be judged on content, clarity of expression, inter-*DIES' HOME JOURNAL* readers and general appeal ust be original and not previously published The ill be selected by a panel designated by *LADIES' JRNAL* and WHIRLPOOL All decisions of the judges No correspondence or telephone inquiries about the judging will be accepted *LADIES' HOME JOURNAL* LPOOL reserve the right to edit the winning entries s will be selected and notified by mail the week of 999 Grand Prize winner must consent to be available the request of *LADIES' HOME JOURNAL* and OL to participate and render services in photographing sessions and media interviews, except where d Winners also agree by entering the contest to *DIES' HOME JOURNAL* and WHIRLPOOL the right to ntry, name, photos and voice in connection with public relations, promotional and advertising purless prohibited by law Winners must sign an affiligibility and Grand Prize and Second Prize winners nplete a Publicity and Liability Release (except hibited), an Assignment of all rights, title and including copyrights to entry to *LADIES' HOME JOURNAL* WHIRLPOOL within 10 days of notification, or an winner may be selected The awarding of the contingent upon full compliance with the rules per person.

federal, state and local laws and regulations apwhere prohibited Applicable taxes are the sole rity of winner Prize is not exchangeable or ble No substitution or cash in lieu of prizes except cretion of *LADIES' HOME JOURNAL* and WHIRLPOOL rs' list, send a separate self-addressed, stamped after September 27, 1999, to *LADIES' HOME JOURN's* Greatest Gift Winners List, 125 Park Avenue r New York, NY 10017



Whip up a deli classic, the Reuben sandwich, in your own kitchen for a lower-fat short-order feast

A giant corned-beef sandwich stacked with sauerkraut, smothered in Russian dressing and loaded with melted Swiss cheese sure tastes delicious, but it's also one of the biggest diet-busters around. The old version has 500 calories and 29g of fat! No more! We've created a lighter Reuben that's every bit as irresistible as the original.

REUBEN SANDWICH
Budget Recipe Of The Month

Prep time: 10 minutes
Baking time: 2 minutes
Easy

Russian dressing
cup light mayonnaise
tablespoons ketchup
tablespoon sweet pickle relish
2 cups sauerkraut, rinsed and squeezed dry
2 cups shredded coleslaw mix
4 slices rye bread, toasted
4 slices Swiss cheese, cut crosswise in half (2 oz.)
8 thin slices lean corned beef (4 oz.)

1. Heat oven to 350°F.
2. *Make Russian dressing:* Combine all ingredients in bowl. Toss sauerkraut and coleslaw mix with dressing to coat.
3. Arrange bread on a cookie sheet. On each slice, layer ½ slice of cheese, then 2 slices corned beef. Mound a generous ½ cup coleslaw mixture and top with second slice of cheese. Bake 2 minutes, until cheese melts. Makes 4 servings.

Per serving: 300 calories, 15 g total fat, 4 g saturated fat, 45 mg cholesterol, 1,065 mg sodium, 28 g carbohydrates, 13 g protein, 213 mg calcium, 4 g fiber ●

Recipe by Regina Ragone

THE REDUCED-FAT REUBEN

To lighten up this lunchtime favorite, we made our own Russian dressing using light mayonnaise. Then, instead of overdoing it with a deli-style mountain of meat and cheese, we laid down perfect proportions of thinly sliced, lean corned beef and Swiss cheese, and added a fresh and crunchy sauerkraut-coleslaw mix that had been tossed in the Russian dressing. Finally, we left it open-face, and melted the cheese for a taste as yummy as the original.



YOU ASKED FOR IT

Dear LHJ,
My daughter and I recently had dinner at The Great Buffet in Sam's Town Hotel & Gambling Hall, in Las Vegas. The Beef and Ravioli Soup was the most delicious soup we have ever tasted. Can you get the recipe?

—Dorothy Kaufmann
Henderson, Nevada

BEEF AND RAVIOLI SOUP

1. Toss *1/2 pound boneless top sirloin, cut into 1/4-inch dice,* and *2 tablespoons flour* in bowl. Melt *2 tablespoons butter or margarine* in large Dutch oven over medium-high heat. Cook until beef is browned; transfer with slotted spoon to bowl.
2. Add *1* each *celery rib, carrot* and *onion, all chopped; 1 tablespoon garlic, chopped; 1/2 teaspoon thyme* and *1/2 teaspoon white pepper* to Dutch oven. Cook, stirring, 3 minutes, until vegetables are lightly browned. Add *2 cans (14 1/2 oz. each) beef broth, 1 can (28 oz.) whole tomatoes in juice, chopped; 1 cup water*; reserved beef and *1/2 teaspoon salt*. Bring to boil; reduce heat to medium and cook 20 minutes, until vegetables are tender. Add *1 package (9 oz.) refrigerated beef ravioli (or one 8-oz. package frozen beef tortellini)*; cook 10 minutes, stirring occasionally.
3. Meanwhile, combine *2 tablespoons flour* and *1 tablespoon cornstarch* with *2 tablespoons water* in cup until smooth. Stir into soup; bring to boil and boil 1 minute. Makes 8 cups.

Per 1-cup serving: 245 calories, 12 g total fat, 3.5 g saturated fat, 52 mg cholesterol, 970 mg sodium, 22 g carbohydrates, 13 g protein, 63 mg calcium, 2 g fiber ●



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.ANCHE!

ued from page 205

Redman and the second team roped together waiting to cross dge. Redman watched helplessly all and Lynn tried to run out of valanche's path.

ddenly, the avalanche seemed to id, enveloping Redman's team. g what she'd learned in the -day climbing course, Redman ped her ice ax over her head down into the snow as hard as ould to break her fall. But the of the slide blew the ax out of and like a toothpick.

s is it, Redman thought.

We Alive?"

a minute later there was nothing hostly silence and blinding sun- . The two teams had tumbled to 350 feet down the steep tainside. The ten climbers were ; across the eastern face of er, connected by a tangle of like a broken chain of pearls.

imbers began to filled the air: , don't let me die" . . . "Are we " . . . "Mayday."

ien Susan Hall regained con- sness she was lying upside on a slope. The straps of her were pulled so tightly against hroat, she thought she was ng to death. Ten feet below beneath the lip of a rocky Deborah Lynn dangled like a r from a web. Her boot was on her harness, pinning her back against her waist. A n of 35°F. water—snowmelt the summer thaw—was pour- ver her with the force of a om shower.

ia Redman had landed fifteen elow Lynn. She thought of try- climb to steady ground. But uide, Ruth Mahre, screamed, 't move!" The ropes tying them gether were so twisted that too n a movement could take the team down.

rst of all was the plight of k Nestler, the engineer from ecticut. He was dangling twenty elow Redman, and like Lynn,

group, had seen the avalanche rike. She immediately called for help on her cell phone.

A rescue effort involving more than eighty people was quickly launched. But climbers hiking up from Rainer's base camp with medical supplies would take hours to reach. Disappointment Cleaver. The only aircraft able to conduct upper- on missions, a U.S. Army Chinook helicopter, flew to the scene, but was unable to land near the scene of the disaster. It's a grim irony of mountain-climbing. *(continued)*



that you can survive only to die waiting to be rescued."

A Race Against

On Disappointment Cleaver, the situation was getting serious. Susan Hall was still being strangled by her backpack and was gasping for air. Finally she managed to wriggle free only to notice a throbbing pain in her right hand. When the avalanche had hit, the rope connecting Hall to her teammates had sheared off the fingers of her glove and crushed her pinkie and ring fingers.

Meanwhile, Lynn's internal body temperature was dropping. As a doctor, she quickly recognized the first stages of hypothermia.

Fifteen feet above her, Nina Redman saw Lynn shivering. She thought of her young son. The week before, he had asked if she was going to die on the mountain climb. Now all she wanted to do was to get home to him.

something," I don't make it, how much I loved for you."

I'm told Redman.

Moment dozens of park staff and RMI guides elsewhere on the mountain were launching a heroic and completely improvised rescue. They climbed to Disappointment Cleaver, where they sank a new safety line into the mountainside, then rappelled gingerly down the rock face to the marooned climbers.

About an hour and a half after the avalanche hit, RMI guide Ned Randolph finally reached Deborah Lynn. Her face was pale and she was hallucinating. "I was in Tahiti, then Hawaii. It was beautiful," she recalls.

"Deborah, you're going to be okay," said Randolph, who would earn an American Red Cross award for his rescue work.

"You're interrupting my dream," she moaned. The rescuers hoisted Lynn up and wrapped her in parkas and sleeping bags.

It took more than six hours to all the climbers. Then another p lem emerged: The closest the copter could land was a clea called Ingraham Flats, hundred yards below the avalanche site.

At nine P.M., as dusk was fal the guides and the woun climbers inched down the unst crevasse above Ingraham Flats. and high winds would make it dangerous to fly after dark. If climbers didn't rendezvous with helicopter by nine-thirty, they'd to spend the night on the f mountainside, or undertake treacherous task of climbing d by moonlight.

The group began to mov quickly as they could, reaching helicopter with just fifteen min to spare. Susan Hall and Nina man huddled in the helicopter's go bay together, worrying a Lynn. The guides slid two bo wrapped in parkas beside them. was Lynn. She was alive. But Pa Nestler hadn't been so lucky. cause of his position on the m tain, the rescuers had not been to reach him for nearly five h By that time, hypothermia claimed his life.

Moving On

The climbers were flown to a h tal in Tacoma, Washington, w Redman was checked for hea juries and released. Lynn rebou within hours from hypothermia. Hall's two crushed fingers ne nine hours of surgery and temp wires to stabilize the bones.

The Rainier avalanche re-ig an issue raised after the M Everest tragedy in 1996—had perienced climbers been enc aged to exceed their abilities? guides use bad judgment in scending the mountain so la the day?

Lou Whittaker, a co-owne RMI, insisted his guides did no wrong. "I would feel as safe clim in the evening as in the morn he told *The* *(continued on page*

LHJ SPECIAL OFFER



Feel safe and secure with the Traveller Guard Personal Security Flashlight/Alarm. This alarm hangs from the door handle of your hotel room. It has a motion sensor that will create a loud siren if disturbed. The alarm includes a high-powered flashlight and a built-in digital alarm clock that detaches from the 8x2¾x2" unit. A great gift to ensure the safety of travelers. This three-in-one travel tool is available by special arrangement with Mark Feldstein & Associates, Inc., and sells for $27.95.

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[illegible]	0-3	3-6	6+ months

1	12	23	34	45	56	67	78	89	100	111	122	133	144	155		
2	13	24	35	46	57	68	79	90	101	112	123	134	145	156		
3	14	25	36	47	58	69	80	91	102	113	124	135	146	157		
4	15	26	37	48	59	70	81	92	103	114	125	136	147	158		
5	16	27	38	49	60	71	82	93	104	115	126	137	148	159		
6	17	28	39	50	61	72	83	94	105	116	127	138	149	160		
7	18	29	40	51	62	73	84	95	106	117	128	139	150	161		
8	19	30	41	52	63	74	85	96	107	118	129	140	151	162		
9	20	31	42	53	64	75	86	97	108	119	130	141	152	163		
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Continued from page 236

...*Times*. "The av... all times of the year and at ... the day."

On June 12, 1998, the National Park Service convened a board of inquiry to investigate the incident. But Redman, Lynn and Hall never had any doubts about their guides. "Who's to say if it would have been safer to have come down earlier?" says Lynn. "I know their professionalism and expertise saved us."

The Park Service report found that the avalanche could not have been predicted, and that the guides leading the climbing party had acted appropriately. As it turned out, a climber hundreds of feet above the amateurs admitted that he stepped off the trail while crossing a slope of ice, setting the entire flow in motion.

Some of the members of the RMI climbing group initially suffered post-traumatic stress from the avalanche. But remarkably, none of the three women friends have suffered long-lasting anxiety or trauma. Lynn thinks it's partly because they've talked about it so much with each ... came to this conclusion ... cheated death," she says. "And instead of being paralyzing, it ... energize us for the futures we now get to live with our families."

... Lynn or Redman currently ... plans to do any more glacier mountain-climbing. Susan Hall, however, says she needs to confront the climbing experience again. Perhaps it is because she's left with the most tangible reminder of the avalanche: The limited range of motion in her two fingers still makes it impossible to do even simple tasks, like wringing out a wet swimsuit.

For about a month after the avalanche, Hall was so exhausted, she didn't even want to leave her home. But she says that within the next two years she plans to scale Alaska's Mount McKinley, which rises nearly a mile higher in the sky than Rainier and takes more than three weeks to climb.

"Physically, Rainier got the best of me," she says. "But next time, I'll be stronger." ●

Mark Stuart Gill has written for Esquire, Rolling Stone and Vogue.

CELINE DION

Continued from page 189

from it," she says. She also recently splurged on a $100,000 Mercedes for her father.

Dion's first heroes, before Streisand, were her parents. Her father supported his family of sixteen on a butcher's salary of $165 a week; her mother was a homemaker. The four-... children crammed into four bedrooms and shared one bathroom in ... Charlemagne, Quebec. ... mother and father forgot ... dreams and gave their lives to ... What they did get was amazing," she ...

... all ... but ... ments ... Dion ... Angélil. At the time, he was nearing forty; Celine was twelve. Musically smitten, he mortgaged his home to finance her first French album. Celine quit school at twelve, her career exploded from Montreal to Montmartre, and she was soon the Piaf of eighties power-pop.

At eighteen, she had a major makeover—her hair was cut, her teeth were capped, her brows were tweezed, and she learned English in a two-month Berlitz crash course. Two years later she and her twice-married mentor, then estranged from his second wife, turned their professional life personal: She still recalls their first kiss, at the Eurovision Song Contest in Dublin (she won). "We were standing at my hotel door and he gave me a *real* kiss good night," she says. "I started to shake. It was powerful, magic." Not to mention potentially scandalous, so they kept the affair secret for years. *(continued)*

ANIPRYL®

(selegiline hydrochloride, L-deprenyl hydrochloride)

Tablets

For use in dogs only

CAUTION Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION Anipryl (selegiline hydrochloride) tablets are white, convex tablets containing 2.5, 15 and 30 mg of selegiline HCl.

INDICATIONS Anipryl tablets are indicated for the control of clinical signs associated with ca... cognitive dysfunction syndrome (CDS) and control of clinical signs associated with uncomplic... canine pituitary dependent hyperadrenocorticism (PDH).

CONTRAINDICATIONS Anipryl is contraindicated in patients with known hypersensitivit... this drug.

In humans, selegiline is contraindicated for use with meperidine and this contraindication is ... extended to other opioids.

WARNINGS Keep out of reach of children. Not for human use.

Anipryl should not be administered at doses exceeding those recommended (0.5–2.0 m... once daily!

In humans, concurrent use of MAO inhibitors with alpha 2 agonists has resulted in extreme fluc... tions of blood pressure; therefore, blood pressure monitoring is recommended with concurrent ... dogs. Also, in humans, severe CNS toxicity including death has been reported with the combinatio... selegiline and tricyclic antidepressants, and selegiline and selective serotonin reuptake inhibit... Although no such adverse drug reactions were reported in the clinical trials in dogs, it is ... prudent to avoid the combination of Anipryl and selective serotonin reuptake inhibitors (e.g., fluoxet... as well as Anipryl and tricyclics (e.g., clomipramine, amitriptyline, imipramine) or other antidepress... At least 14 days should elapse between discontinuation of Anipryl and initiation of treatment w... tricyclic antidepressant or selective serotonin reuptake inhibitor. Because of the long half-life of fluo... time and its active metabolites, at least 5 weeks should elapse between discontinuation of fluoxetine ... initiation of treatment with Anipryl.

Concurrent use of Anipryl with ephedrine or potential MAO inhibitors, such as amitraz, is ... recommended.

PRECAUTIONS General Anipryl is not recommended for other behavior problems such as aggress... In the clinical trials, dogs showed an increase in aggression while on this drug. The safety a... efficacy of Anipryl has not been evaluated in dogs with debilitating systemic diseases other than ... The decision to prescribe Anipryl should take into consideration that the MAO system of enzyme... complex and incompletely understood and there is only a limited amount of carefully documen... clinical experience with selegiline. Consequently, the full spectrum of possible responses to selegi... may not have been observed in the marketing evaluation of the drug. It is advisable, therefore, ... observe patients carefully for atypical responses.

Endocrine function testing to confirm pituitary dependent hyperadrenocorticism should be perfo... prior to Anipryl administration for that condition. Anipryl is not recommended for treatment of pa... with hyperadrenocorticism not of pituitary origin such as those due to an adrenal tumor or adminis... of glucocorticoids. If complications of PDH are evident at the time of diagnosis or emerge during Anip... therapy, the patient should be evaluated and, if warranted, alternative therapy considered. Concur... use of Anipryl in conjunction with other therapies of canine PDH has not been evaluated.

Laboratory Tests No specific laboratory tests are deemed essential for the management of pati... on Anipryl as response to therapy should be based on the history and physical examinations for ... PDH and CDS. In clinical trials for PDH, no correlation was found between an individual patie... clinical response and results of the low dose dexamethasone suppression (LDDS) test. There was ... evidence of adrenal insufficiency in these trials.

In the 12 week clinical trial for CDS, a small number of dogs had a drop in hematocrit; some drop... within the normal range and some dropping below 37%. The clinical significance of this is unknown ... this time. It is advisable to conduct a thorough physical examination and to consider appropri... laboratory tests to establish hematological and serum biochemical baseline data prior to administ... tion of Anipryl.

Reproductive Safety The safety of Anipryl in breeding, pregnant and lactating bitches, and bree... dogs has not been determined.

ADVERSE REACTIONS In clinical trials, 404 dogs treated with Anipryl for as long as 18 months w... monitored for the occurrence of adverse events. Many of the observations listed in the following ... may be associated with the underlying disease (PDH or CDS), the advanced age of the patients or ... development of untreated concurrent disease. One index of relative importance, however, is whet... or not a reaction caused treatment discontinuation. Fifteen dogs (4%) experienced one or more of ... following adverse events that led either to discontinuation of therapy with Anipryl, dismissal from ... study or a reduction in dose: restlessness/agitation, vomiting, disorientation, diarrhea, diminis... hearing, possible drug interaction (weakness, confusion, incoordination and "seizure-like" ac... while being treated concurrently with metronidazole, prednisone, and trimethoprim sulfa), increas... destructive behavior in a dog with separation anxiety, anorexia, anemia, stiffness and polydipsia.

Percentage of Dogs with Adverse Events Reported in Clinical Field Trials

Adverse Event	Anipryl (n=404)	Placebo (n=67)
vomiting	26%	21%
diarrhea	18%	10%
hyperactive/restless*	12%	6%
anorexia	8%	1%
neurologic**	6%	1%
lethargy	6%	1%
salivation	5%	4%
urinary tract infection	4%	1%
pruritis/dermatologic	4%	1%
weakness	4%	0%
pale gums	3%	1%
polyuria/polydipsia	3%	1%
weight loss	3%	0%
diminished hearing	2%	0%
panting	2%	1%
cardiovascular/respiratory***	2%	0%
itching	2%	1%

* This excludes hyperactivity, irritability, abnormal repetitive movements, anxiousness and restlessness.
** This includes ataxia, incoordination, staggering, disorientation, decreased proprioception and seizure.
*** These includes heart murmurs, tachycardia, collapse, dyspnea, pleural effusion and sneezing.

DOSAGE AND ADMINISTRATION

CDS The recommended dosage for oral administration for the control of clinical signs associated w... CDS is 0.5–1.0 mg/kg once daily, preferably administered in the morning. Initially, dogs sho... be dosed to the nearest whole tablet. Adjustments should then be made based on response a... tolerance to the drug.

PDH The recommended dosage for the control of clinical signs associated with canine PDH is ... mg/kg once daily, preferably administered in the morning. If no improvement is observed after ... months of therapy, dosage may be increased to a maximum of 2.0 mg/kg once daily. If no improvem... is seen after 1 month at the higher dose or if at any time clinical signs progress, the dog should ... re-evaluated. In dogs whose clinical signs of PDH progress despite Anipryl therapy in the absence ... concurrent disease, alternate therapy should be considered.

Dogs should be monitored closely for possible adverse events associated with any increase in dos...

Clinical Use of Anipryl in CDS CDS is an age related deterioration of cognitive abilities characteriz... by behavioral changes not wholly attributable to a general medical condition such as neoplas... infection or organ failure. CDS is typified by multiple cognitive impairments which affect the do... function. In clinical trials, the observed behavioral changes associated with CDS in older d... included: disorientation, decreased activity level, abnormal sleep/wake cycles, loss of housetraini... decreased or altered responsiveness to family members, and decreased or altered grooming behavi... In clinical trials, Anipryl was shown to be effective in controlling clinical signs associated with CD... After 4 weeks of treatment, dogs treated with Anipryl showed significant improvement when co... paired to placebo treated controls in sleeping patterns, housetraining and activity level. Some do... showed increased improvement up to 3 months; however, onset, duration and magnitude of respon... varied with individual dogs.

The diagnosis of CDS in dogs is a diagnosis of exclusion, based on thorough behavioral and medic... histories in conjunction with appropriate diagnostic work-up and testing. Periodic patient monitori... to evaluate the response and tolerance to the drug and for the presence of concurrent or new disea... is recommended.

Clinical Use of Anipryl in PDH Clinical signs of PDH seen in clinical trials included panting, reduc... activity, polyphagia, polyuria, changes in sleep patterns, altered appetite, obesity, alopeci... abdominal distention, reduced skin elasticity, thin skin, poor hair growth, pyoderma, decreas... responsiveness to attention, and decreased enthusiasm of greeting. In clinical studies involving ... evaluable cases of naturally occurring PDH, Anipryl was shown to be effective in controlling clini... signs associated with the disease. On physical examination, abdominal distention was the param... ter which most improved following treatment with Anipryl. Based on owner assess... ments, activity level was the parameter most consistently evaluated as "improved." Approximat... 60% of the dogs were evaluated by the veterinarians and owners to be "slightly improved" ... "improved" after 1 month of Anipryl therapy. By month 2, veterinarians reported that approximat... 77% were "slightly improved" to "improved." Approximately 20% of dogs did not respond to Anip... and were deemed treatment failures.

Those dogs that responded to Anipryl tended to do so within 1–2 months after treatment w... initiated. Response to therapy varied between patients with some dogs showing improvement a... present, or other signs and others showing improvement in only 1–2 parameters. Duration ... response was also variable with some dogs continuing on Anipryl for over 1 year with good cont... of clinical signs and others showing an initial response to therapy only to be followed within seve... months by recurrence of clinical signs of PDH. There was no correlation demonstrated between ... individual dog's clinical response to Anipryl and that dog's low dose dexamethasone suppressi... test results. Periodic monitoring should be based on history and physical examination findings.

REFERENCE 1. Rubin WW, Hart BL. Canine cognitive dysfunction, in Dodman N, Shuster L, ed... *Psychopharmacology of Animal Behavior Disorders*. Cambridge, MA: Blackwell Science, Inc, 199...

HOW SUPPLIED Five tablet strengths are available in blister-packs of 30 tablets each: 2 mg, 5 mg, ... mg, 15 mg and 30 mg. Each box contains 1 blister pack (30 tablets).

STORAGE Store at controlled room temperature 20°–25°C (68°–77°F).

For ... the Material Safety Data Sheet (MSDS) or to report adverse reactions, call Pfizer Anim... Health at ... 800-366-5288.

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It's hard to say "welcome home" when I can't remember your face.



It's difficult to watch your dog age, especially if your old friend becomes forgetful and loses interest in your family. Frequently mistaken as signs of old age, these changes may be due to a common medical condition known as canine Cognitive Dysfunction Syndrome. Fortunately, Anipryl® (selegiline hydrochloride) offers new hope for millions of older dogs and their families. In studies, the most common side effects were vomiting, diarrhea or changes in behavior. Consult your veterinarian before using Anipryl with other medications or with tick collars. And if you ever miss having your old dog greet you, see your veterinarian or call 1-888-ANIPRYL.

Some Common Signs Of Canine Cognitive Dysfunction Syndrome

- Doesn't recognize you
- Sleeps less at night
- Forgets housetraining
- Loses interest in family

ANIPRYL®

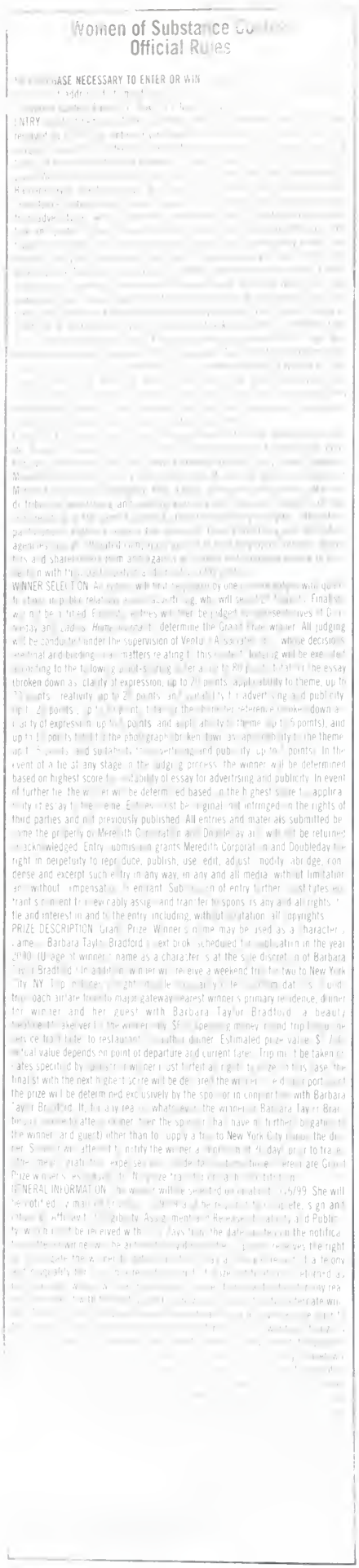
Giving old dogs a new lease on life.

See brief summary on adjacent page for important information.

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Animal Health

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PRIZE DESCRIPTION Grand Prize Winner's name may be used as a character name in Barbara Taylor Bradford's next book scheduled for publication in the year 2000. (Usage of winner's name as a character's at the sole discretion of Barbara Taylor Bradford.) In addition, winner will receive a weekend trip for two to New York City, NY. Trip includes ... roundtrip coach airfare to/from major gateway nearest winner's primary residence, dinner for winner and her guest with Barbara Taylor Bradford at a beauty ... ballet at the winner's ... roundtrip limousine ... to/from dinner. Estimated prize value: $... Actual value depends on point of departure and current rates. Trip must be taken on dates specified by ... and will not be ... with Barbara Taylor Bradford. If, for any reason, whatsoever, the winner or Barbara Taylor Bradford cannot attend dinner, then the sponsor shall have no further obligation to the winner and guest) other than to supply a ticket to New York City from the dinner. Sponsor will attempt to notify the winner ... days prior to travel. ... Grand Prize winner is responsible for ... taxes. Prize winners ... Prize ... Grand Prize winner ... publicity.

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; You? **Page 190, from left:** Bik... 428. Tango Rose Bag. He... hama. O... him shirt and tru...); Sunglasses: Calvin Klein for Mar... : Bikini: Tommy H...ger #E71... 24. ...glasses: Calvin Klein for Marchon Eyewe... **Page from left:** Shoes and Ma...lot (#V7e37... t: Er... Javits. Bag: Maxx. Bik... #5... 131. JAG. Shoes: New... N... Luxottica. Towe... Tommy Bahama. ... others. T-shirt and thongs: Lands' E... Ha... ...k. **Page 192, bottom, from left:** Ta... Sunglasses: Vogue by Luxottica. ...urtesy of I&R Mus... Wa... Bik... Shoes: Esprit. Sunglasses: P... Sport... **Page 193, left:** Tanki... Ralph Lauren Swimwear. #o'7... es 12). Fila. Bikini top: #17140, bottom: #... ...nglasses: Calvin Klein for Marchon Eyewear. Shoe... ews. **Page 193, bottom, from left:** Bik... top: #... #1333. Victoria's Secret. Sunglasses: Nine We... ewport News. Tankini: Concepts by Sirena #... s. Calvin Klein for Marchon Eyewear. Shoes: Tommy ...n him: trunks, Champion. Top: Speedo. Shoes: E... **1, top, from left:** Tank: Abre... Co... Co... 9. Swimdress: Lands' End, #5... Hat: ... ...n him: trunks: Lands' End. Sunglasses: Gu... **Page ...m, from left:** Tank: ...antzen #1585. Hat: Er... Jav... s: Bernardo. Sung...asses: Gu... Shoes and bik... Espri... **Page 195, from left:** Tank: V...oria's Secret. ...ag: Er... Javits. Shoes: Rampage. Towel: Em... Fo... La Bianca, #E3746. O... him: trunks: J.Crew. All ... 800-SWIM-GEAR

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"Good-bye, Peter Hill"

Old flames never die, they just get washed away

By Cammie McGovern



In the winter of 1998, after days of pelting rain, my husband and I woke up to find six inches of water covering the first floor of our house. We weren't strangers to disaster we've had a robbery, a fire, even both on the same night. We know how to click into crisis mode.

But this time, our losses were different. This wasn't a stereo going out the door in the arms of a stranger. These were our prom photos, love letters, yearbooks—gone. All my trophies of minor victories in the battlefield of love were eddying in whirlpools or glued together with mud. I no longer had any tangible evidence that I'd dated anyone before my husband, and very little proof that I'd ever dated *him*, either. I was inconsolable.

I tried to save the pictures, spreading them out on towel-covered [illegible]. There was my high-school boyfriend, Peter Hill, with his [illegible] glry and hat defying [illegible] s my college love [illegible] be a hand-er[illegible] into these guys today, [illegible] years later, I [illegible] recognize them. So why [illegible] ing over losing the proof [illegible] once held hands with a skinny, oddly dressed man?

It was less about the boyfriends than it was about me, making my own set of fashion blunders. In one shot, I wore a large cowboy hat that rested on the bridge of my nose. In another, I had a halo of bright orange hair that I accomplished with Sun-In but told everyone was my natural color. These pictures filled me with a sense of nostalgia for the innocent I once was—the girl who thought these boys were wonderful, that her hair wasn't orange, and that the Stetson made her look like Debra Winger. I'm much too smart for all of that now, and in certain ways, that's sad.

As I was about to weep for the loss of that old blind faith, I heard my husband sigh, "Good-bye, Karen Wexler." She was his dream girl in college, the one who, for one month, agreed to date him, catapulting his popularity off the charts. Now his only [illegible]e—the yearbook picture in [illegible]ren stood, prettily dusted [illegible]now—was ruined.

Suddenly, sharing this loss made it different. It made me realize the ways in which marriage is unlike the romances that came before. In those days, relationships existed only in the present. I *had* to snap pictures and hoard letters, because I knew I would need them—that the time would soon come when these men would no longer be in my life. But with my husband, this isn't true: We have the future as well as the present. Though we lost most of our wedding pictures, we don't need them to recall how nervous and happy we were that day. And anyway, we have each other to help us remember these fragments of our past.

As we flaked the mud off the pictures and reminisced, my husband admitted that Karen Wexler had dated him on the rebound. I confessed that the letters from my first love, an avid beachgoer, were mostly filled not with sweet nothings, but with pleas for me to work on my tan. It's hard to get too wistful about old flames without sooner or later bumping into the painful reasons they didn't last.

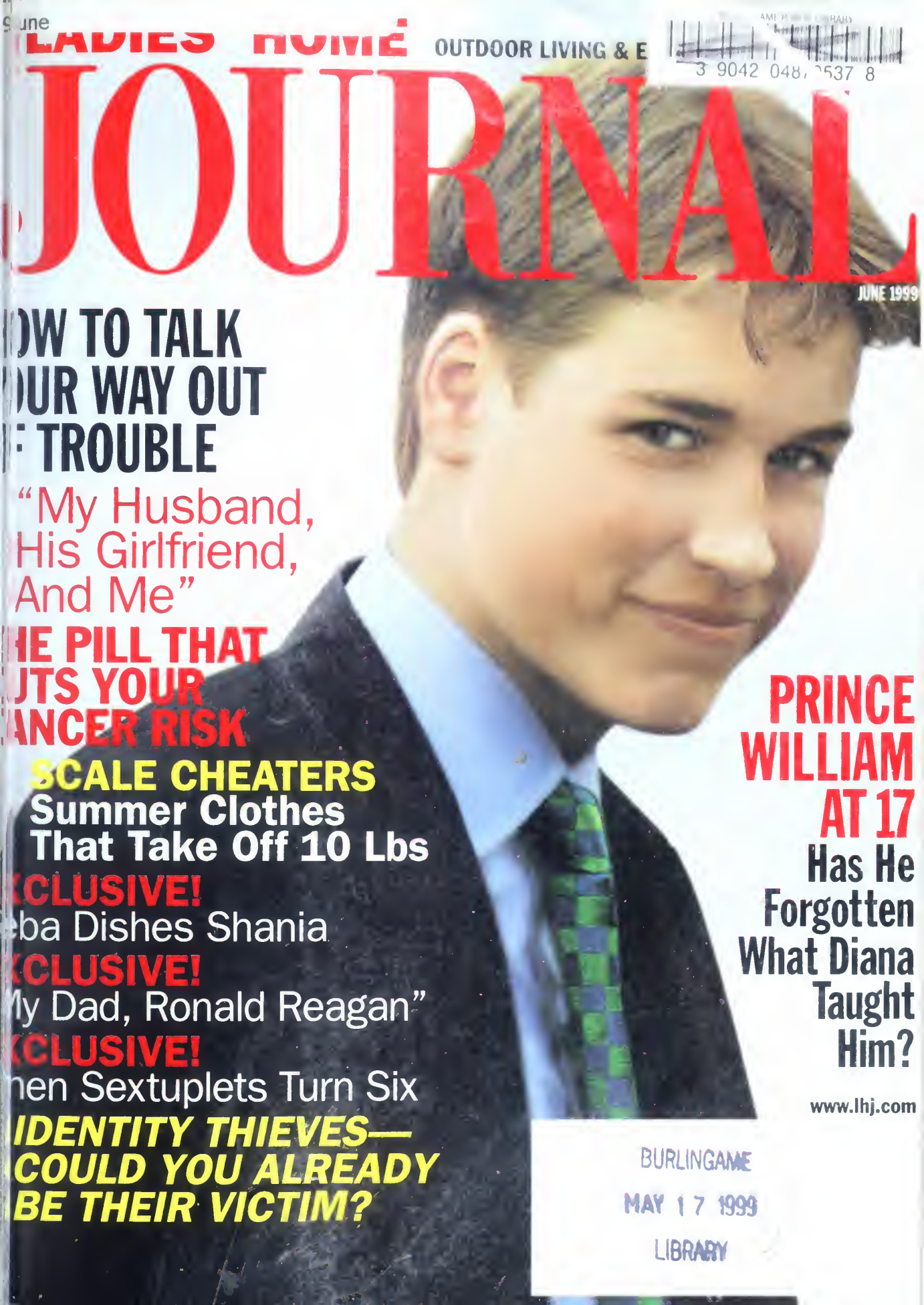
And so I finally reconciled myself to throwing the pictures out. They only told the beginning of the story, when everything was possible. Those are sweet times to recall—just before you realize how glad you are to have married the one you did. ●

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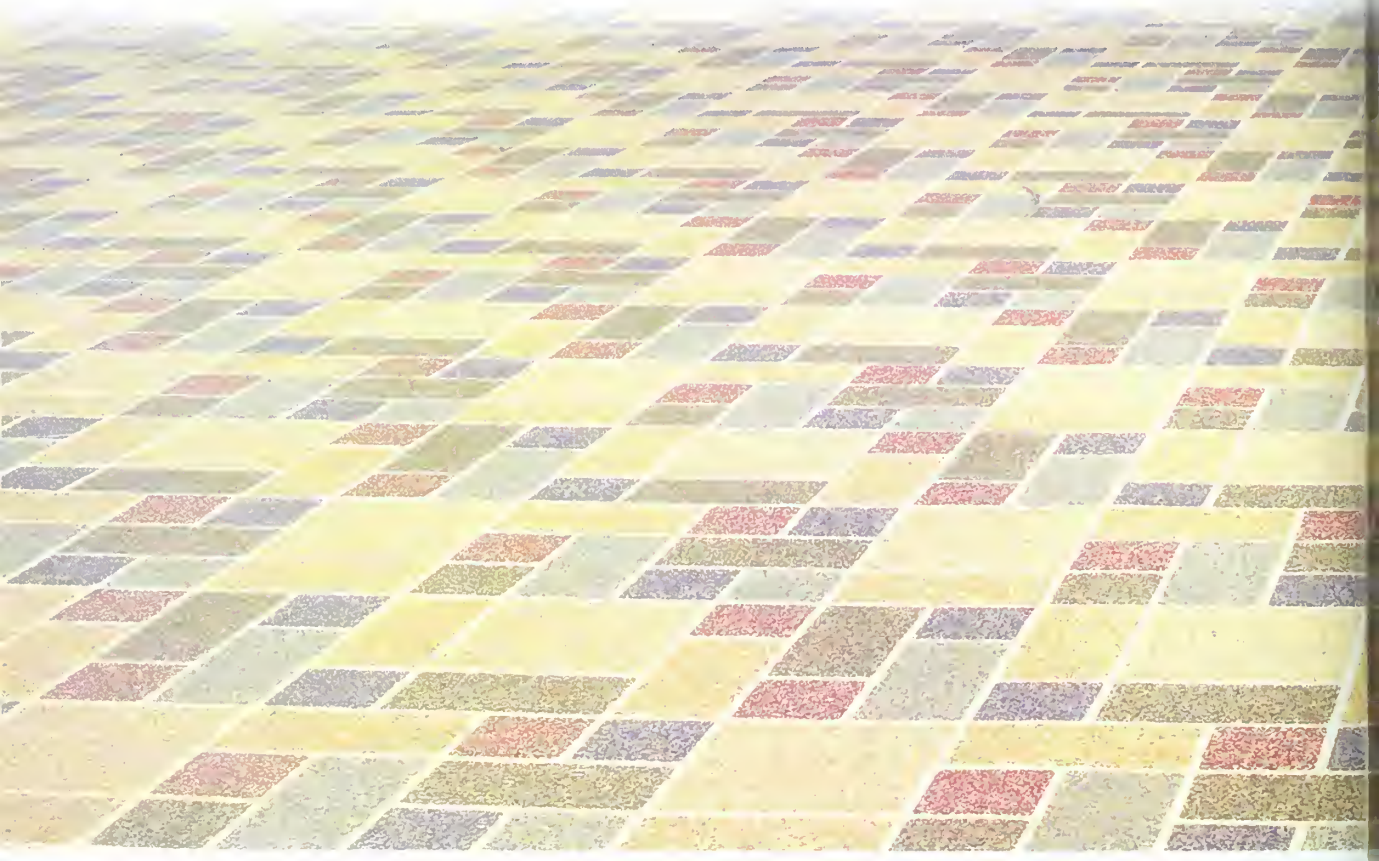
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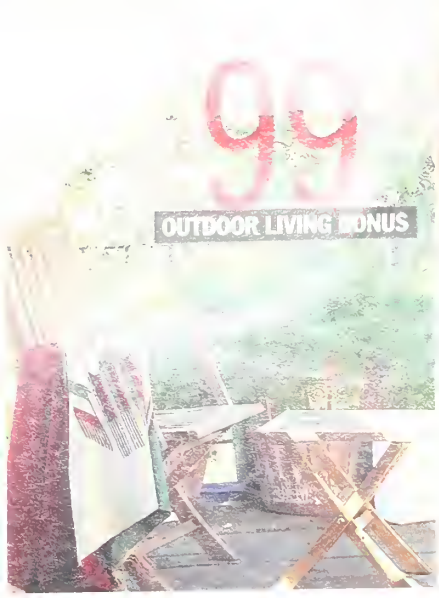
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on the cover

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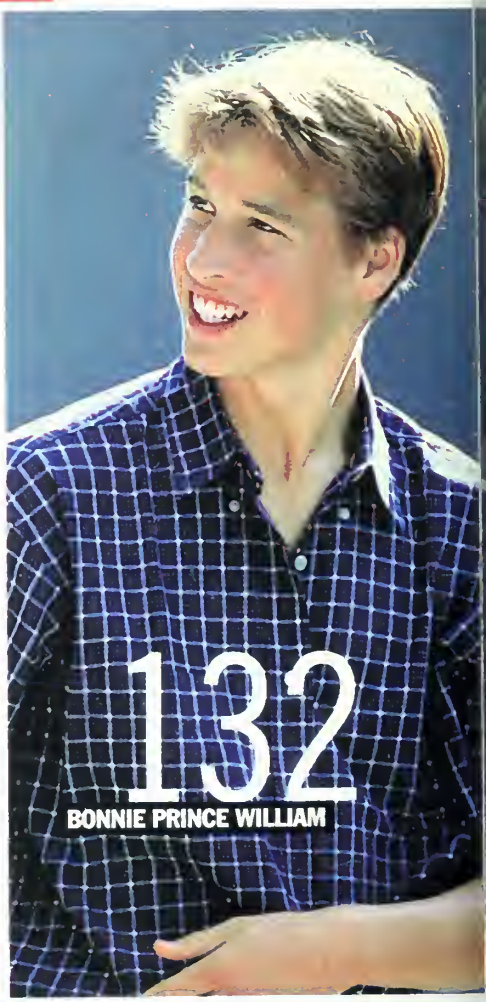
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ROYAL WATCHING



My husband is a British journalist, and that may be part of the reason I have been a longtime and devoted observer of the ups and downs, triumphs and tragedies of the House of Windsor. I'm pleased that this month's cover feature on Prince William as he turns seventeen is *Ladies' Home Journal*'s latest installment of the family saga. The piece is written by Robert Lacey, an outstanding English writer who has been chronicling royalty for the past two decades. In fact, his highly praised best-seller *Majesty*, written in 1974 about Queen Elizabeth, really was the first book to write both sympathetically and honestly about the complex world of today's Royal family. Robert told me that he has just completed a book about the Queen Mother, which will be published in August when she celebrates her ninety-ninth birthday. "Now she's a national treasure, but when she was young she really was the Diana of her day," he says, "full of charm and very, very popular."

He also considers Prince William an extremely impressive young man. "You know, there was a time not so long ago when England was really divided. There were people who were pro-Diana, and there were people who were pro-Charles. The nation was really split. But that's all over. William has helped heal that split and made it seem incredibly dated," he said. "At the first anniversary of Diana's death last year, William thanked people for mourning his mother but said we have to go on. In a very mature way, he has wanted to concentrate on the future."

The writer also told me he worried that William, who values his privacy as all teenagers do, just might feel being King will demand too much sacrifice. "I'm a loyal subject. As a journalist, you have to walk a fine line. You want to report honestly and tell people what they want to know. But you don't want to be intrusive and make life any harder for this fine young man who has experienced so much misfortune."

I think you'll find that Robert Lacey's report strikes just the right balance.

MYRNA BLYTH
Editor-in-Chief

SOUND BITES

from this issue

"Maybe in the end, all we have is a handful of moments—such as my father's [Ronald Reagan] eyes lighting up when I kiss his forehead and say, 'I love you.' I'm not sure if it's recognition or cognition. It doesn't matter. It's a moment I'll always treasure."

—From "Saying Good-bye," page 46

"How could the same cancer have struck both me and my sister? We may never know."

—From "Heather's Legacy," page 78

" 'I'd rather have people say she's the neatest ol' gal than she's a sexy momma,' says Reba McEntire. 'That's never tripped my trigger.' "

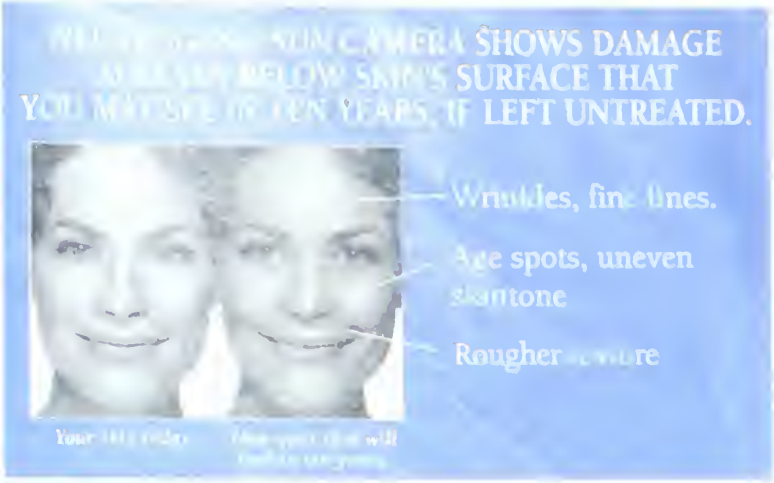
—From "Q&A," page 95

" 'This is it for us,' says Becki Dilley, mother of sextuplets. 'We won't be having any more children. I start thinking: I could go through another pregnancy. But we'd have to do the whole infertility thing again, and I don't know if it would be fair to the new baby.' "

—From "Six Turn Six," page 140

"[Bob and Elizabeth Dole] both have powerline dimples, which means they will be gracious in their power. Bob Dole would be delighted to be First Gentleman. As long as he gets into the White House, he'll be happy."

—From "Read My Lips," page 74



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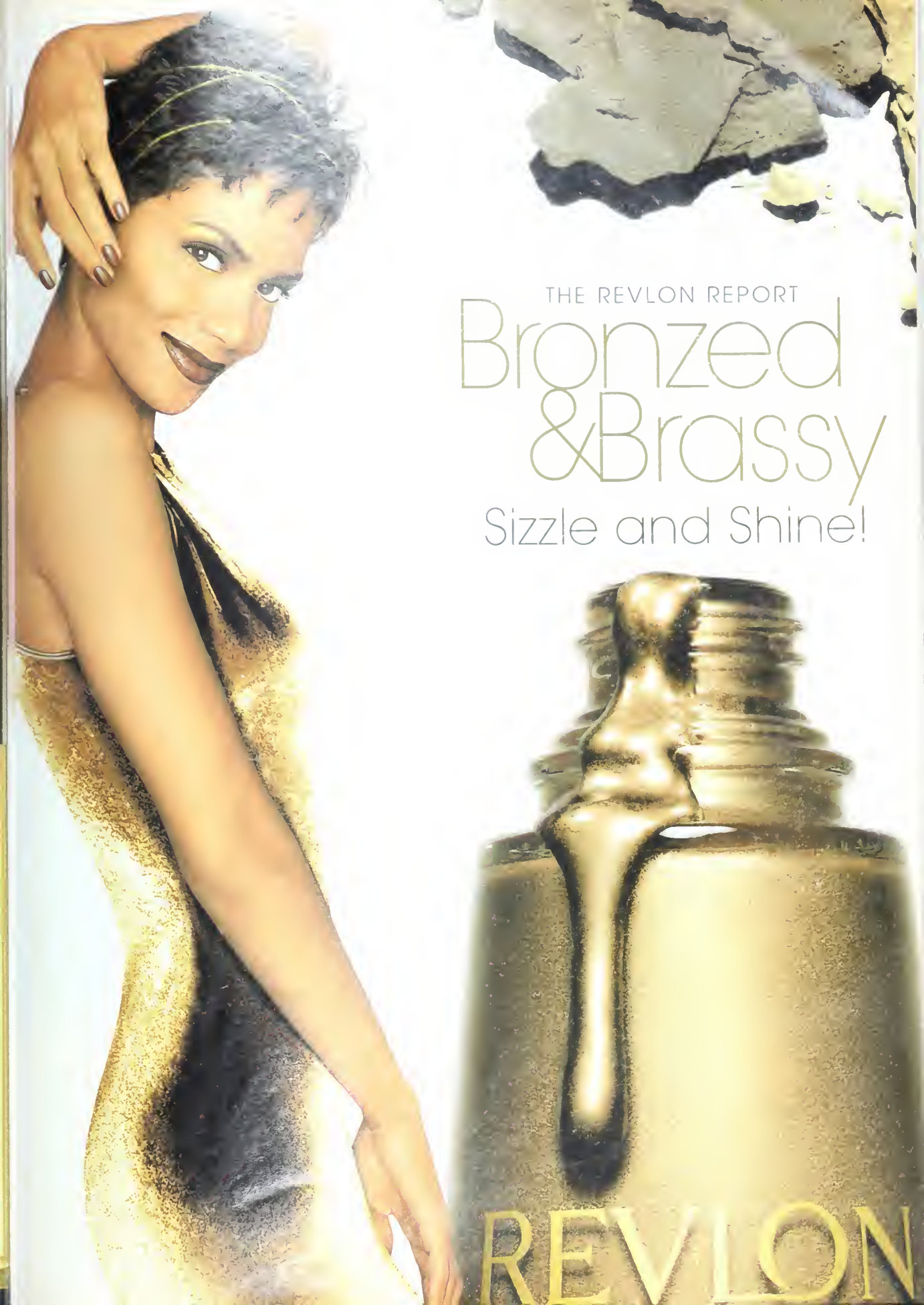
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contributors



Jon Stone

Photographing the six-year-old Dilley sextuplets seemed like a daunting task even to award-winning New York photographer Stone. But he found the six siblings well behaved and smart, "thanks in no small part to their wonderful parents," he says. See the photos in "Six Turn Six" (page 140).



Margery D. Rosen

Over the past fifteen years, Editor-at-Large Rosen has both edited and written our popular column "Can This Marriage Be Saved?" Her latest installment, "He's Had a Mistress for Years," appears on page 20. Rosen, her husband and their two children live in New York City.



Robert Lacey

"Prince William is the royal superstar of the next millennium," says British author Lacey on the subject of his cover story "The Prince of the World" (page 132). The big question, though, surrounding the young man destined to be king is "whether he'll want the job," Lacey says.

Steve Lehman

To illustrate the special report "The Identity Snatchers" (page 84), Lehman created a collage of I.D. documents. "I felt a bit like a detective, gathering all the pieces," says the photojournalist, also the author of the award-winning book, *The Tibetans: A Struggle to Survive* (Umbrage/Howtown, 1998).



Patti Davis

As Ronald Reagan's daughter, Davis has personal experience dealing with the effects of Alzheimer's. "I've learned that even if someone's memory is leaving him, you can still communicate," she says. Her essay, "Saying Good-bye," appears on page 46



LADIES' HOME JOURNAL

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"HE'S HAD A MISTRESS FOR YEARS"

VALERIE'S TURN

ROB'S LONG-TERM AFFAIR WAS THE ULTIMATE BETRAYAL. HOW COULD VALERIE EVER TRUST HIM AGAIN? BY MARGERY D. ROSEN

Rob is having an affair with a woman he knows through work—and it's been going on for years," said Valerie, forty-four.

"I must sound like such a fool," she added tearfully. "I keep asking myself how I could be so naive. Of course, we've had problems—what couple married for twenty-two years doesn't? And yes, when Rob grew especially distant, I wondered if he was cheating. But when I asked, he vehemently denied it. Besides, I thought we'd finally gotten our relationship in a good place. We just returned from a wonderful trip to Hawaii! It makes no sense.

"Then last week, when I dropped by Rob's office to show him the pictures from the trip, I overheard him on the phone and my stomach knotted up. Sometimes you just *know*. I confronted him; he hemmed and hawed, then admitted he'd been [illegible] with this woman Abby on [illegible] for years! [illegible] that he wants to stay with me, but how can I believe anything he says?

"I should have trusted my first instincts about him and Abby. I'd met her socially a few times, and I suspected that she had more than a friendly interest in Rob. She's a lawyer, about my age—divorced, blond, very pretty; she wears those sexy little Ally McBeal suits that I wouldn't be caught dead in. They had been working on important deals at work, so they saw each other a lot.

"Even so, I used to think Rob was too honorable to be unfaithful. I met him when I was twenty-one; he was already well established at his family's banking firm. I was smitten with his deep laugh and his almost magnetic aura. Being with him was so much fun.

"We did all the things young couples are supposed to do, and I thought we were happy. We moved into a lovely house in the suburbs, had two beautiful daughters—Dana's now nineteen, and Ashley is seventeen—and started putting down roots in the community.

"In hindsight, there was a lot of distance between Rob and me from the start. I had my hands full with our girls, their activities and my committee work. When *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple trying to rebuild their relationship after the husband's long-standing affair, is based on interviews and information from the files of Bonnie Eaker Weil, Ph.D., a marital therapist in New York City and author, with Ruth Winter, M.S., of *Adultery, The Forgivable Sin* (Hastings House, 1994). The story told here is true, although the names and other details have been changed to conceal identities.

999 Hanes Her Way



Abby was five, I got my [illegible] and found a terrific [illegible] a shelter, counseling [illegible] I traveled all over the [illegible] and giving workshops.

"Then [illegible] a business [illegible] into our [illegible] family [illegible] but when [illegible] plunge, the company [illegible] I tried to be supportive, but Rob wouldn't let me get close. I felt as helpless as I used to as a child.

"I'm the oldest girl in a family of five. Every day after school, I baby-sat and took care of the house while Mom was working as a secretary. As far back as I can remember, my parents fought loud arguments, mostly about the fact that Dad, an unemployed teacher, couldn't find another job.



"Rob's aloofness scared me. We attended one or two couples' workshops, but it didn't seem to help much. Then in 1996, just as Rob was getting back on his feet, he announced he wanted to move into his own apartment for a while. I was stunned. I asked if it had anything to do with Abby, and Rob swore it didn't; he just needed time by himself.

"For weeks, I went through the motions of living, blaming myself for being too preoccupied with my own activities. So I launched a complete personal makeover: buying every self-help book I could find, working out and dieting, though I really didn't need to. I even took an Outward Bound course and spent three days alone in the woods. It was exhilarating. I felt like a new woman.

"Three months later, just as suddenly as he'd left, Rob begged me to [illegible] back in. For the past [illegible] as I had no [illegible] be that [illegible] I'm so [illegible] days I [illegible] to speak [illegible] Rob. Other days I hope I'll never [illegible] and [illegible] can't believe how [illegible] I thought I'd be able to [illegible] this. But I have no confidence in myself at all, and no idea what to do next."

ROB'S TURN

"I'm not sure why I did it," said Rob, forty-seven, a handsome man whose brown hair was streaked with gray. "Maybe I was restless.

"Valerie was never around. She was doing a thousand and one things with the kids, the school, her job and all her charity work. Then she started to criticize me about everything: my friends, my not spending enough time with the children—you name it. So maybe I just wanted to live a little bit, for a change. Being with Abby was fun, which was something I didn't have with my wife anymore.

"BEING WITH ABBY WAS FUN," SAID ROB. "THAT'S SOMETHING I DIDN'T HAVE WITH MY WIFE ANYMORE"

"I've known Abby for years and I've always been attracted to her; every man I know is. She's a headstrong lady, very witty, very sexy. [illegible] marriage had been rocky for a [illegible] and she divorced several [illegible] Abby always told me she didn't want a relationship, but I got caught up in the thrill of the chase. There was always a lot of powerful sexual chemistry between us.

"The affair started one night when Abby and I were working late in my office. We were hungry, so I called out for Chinese food. While we were waiting, Abby relaxed on the couch. She'd kicked off her shoes, and she was wearing a tight suit jacket with no blouse—just a lacy camisole peeking out. The way she was sitting, twirling her hair around her fingers, was irresistible, and suddenly, I was all over her.

"Though the sex was great, our affair was on-again, off-again for several years. At one point, I did think I wanted to marry Abby, because I felt so stifled at home.

"My parents were never particularly happy, either. I grew up in Connecticut with my two younger sisters. My father died of a heart attack when I was twelve, but even before that, he was never really involved in my life. From what I hear, he was quite a playboy. Actually, Mother wasn't around all that much, either. She was an imperious, demanding woman, setting high standards that few people could meet—especially me.

"It was always understood that I'd move into my family's banking firm. I went to a prestigious business school, majored in finance, and started working right after graduation. Though marriage wasn't part of my immediate plans, that changed after I spotted Valerie at a party my mother dragged me to. She was adorable and spunky, and I'd dated enough women to know that Val was the one.

"I trace the real problems back to the time when the bottom fell out of the financial market. I'd given up my secure job to start my own little company, and suddenly, I saw everything I'd been working for go right down the tubes. We lost clients, and our profits plummeted. At one point, *(continued on page 27)*

Our star report.

NHTSA Crash Test Data

The new Ford Windstar is the only vehicle to ever earn the highest safety rating in both front- and side-impact crash tests:

the quadruple five-star crash test rating.



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Each year, as part of the New Car Assessment Program, the government buys brand-new cars right off the lots and crashes them. The crash tests are designed to measure how well different vehicles provide frontal and side crash protection to belted occupants. Five stars indicate the highest protection level.

In frontal-impact crash testing, vehicles are crashed into a fixed barrier at 35 miles per hour, the equivalent of driving at 70 miles per hour head-on into an identical parked vehicle. In this test, the 1999 Ford Windstar achieved a five-star rating, the best possible protection level.

In side-impact crash testing, the stationary vehicle is struck with a 3015-lb. barrier moving at 38.5 miles per hour. In this test, the 1999 Ford Windstar achieved a five-star rating, the best possible protection level.

The 1999 Ford Windstar is the only vehicle to ever earn the highest safety rating (five stars) in both frontal- and side-impact crash tests. The quadruple five-star rating of the new Ford

page 1



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*During side-impact [illegible]

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SUMMARY

Prescribing Information.

DOSAGE

CONTRAINDICATIONS

WARNINGS

PRECAUTIONS **General**-A

A

Information to Patients-If a patient is to self administer ENBREL, instruct him/her in injection techniques to ensure safe self-administration and proper syringe and needle disposal. The first injection should be performed under the supervision of a qualified health care professional. Assess patient's ability to self-inject subcutaneously (SC). **Immunosuppression**-The possibility exists for anti-tumor necrosis factor (TNF) therapies, including ENBREL, to affect host defenses against infections and malignancies since TNF mediates inflammation and modulates cellular immune responses. In a study of 49 RA patients treated with ENBREL, there was no evidence of depression of delayed-type hypersensitivity, depression of immunoglobulin levels, or change in enumeration of effector cell populations. The impact of ENBREL treatment on the development and course of malignancies and infections is not fully understood. Safety and efficacy in patients with immunosuppression or chronic infections have not been evaluated. **Vaccinations**-No data are available on the effects of vaccination in patients receiving ENBREL. Live vaccines should not be given concurrently. No data are available on the secondary transmission of infection by live vaccines in ENBREL patients. **Autoantibody Formation**-ENBREL treatment may result in the formation of autoimmune antibodies. **Drug Interactions**-Specific drug interaction studies have not been conducted. **Carcinogenesis, Mutagenesis, and Impairment of Fertility**-Long-term animal studies have not been conducted to evaluate carcinogenic potential or effect on fertility. Mutagenesis studies were conducted in vitro and in vivo, and no evidence of mutagenic activity was observed. **Pregnancy (Category B)**-Developmental toxicity studies, performed in rats and rabbits at doses ranging from 60- to 100-fold higher than the human dose, revealed no evidence of harm to the fetus due to ENBREL. There are, however, no studies in pregnant women. Because animal reproduction studies are not always predictive of human response, use during pregnancy only if clearly needed. **Nursing Mothers**-It is not known whether ENBREL is excreted in human milk or absorbed systemically after ingestion. Because many drugs and immunoglobulins are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug. **Geriatric Use**-A total of 123 RA patients, ≥ 65 years old, have been studied in clinical trials. No overall differences in safety or effectiveness were observed between these patients and younger patients. Greater sensitivity of some older individuals cannot be ruled out. **Pediatric Use**-Sixty nine patients with polyarticular course juvenile rheumatoid arthritis (JRA) ages 4 to 17 years, who were refractory to or intolerant of methotrexate and had moderately to severely active JRA, received ENBREL 0.4 mg/kg (maximum 25 mg dose) SC twice weekly for 3 months. Seventy six percent (n=54) demonstrated a clinical response measured by the JRA (Definition of Improvement : 30% improvement in at least 3 of 6 and ≥ 30% worsening in no more than 1 of 6 JRA core set criteria, which include physician and patient global assessments, active joint count, limitation of motion, functional assessment and ESR). The safety profile (n=69) was similar to that seen in adult RA patients treated with ENBREL; however, the percent reporting abdominal pain (17%) and vomiting (14.5%) was higher. Two JRA patients developed varicella infection associated with mild cutaneous symptoms of aseptic meningitis, the infection resolved without sequelae. It is recommended that patients with a significant exposure to varicella virus temporarily discontinue ENBREL and treatment with Varicella Zoster Immune Globulin be considered. Responses to immunizations have not been studied in children receiving ENBREL. It is recommended that JRA patients, if possible, be brought up to date with all immunizations in accordance with current immunization guidelines prior to initiating ENBREL. The safety of ENBREL has not been studied in children < 4 years of age.

ADVERSE REACTIONS-ENBREL has been studied in 1039 RA patients. In controlled studies, 349 patients received ENBREL and 152 patients received placebo. The proportion of patients discontinuing treatment due to adverse events (AEs) was the same in both groups (4%). **Injection Site Reactions**-In controlled trials, 37% of patients developed injection site reactions (ISRs) compared to 14% of placebo patients. ISRs tended to be mild to moderate erythema and/or itching, rarely requiring withdrawal. Rarely, patients experienced drug dose-correlation ISRs generally characterized by pain, pruritus, subsequently developing into a larger reaction. The frequency and duration of ISRs decreased over time. The mean duration of reactions in ENBREL patients was 3 days. Approximately 47% of patients experienced redness at a previous injection site. **Infections**-Upper respiratory infections (nasopharyngitis, sinusitis, pharyngitis, and rhinitis) were reported at a higher rate in ENBREL or placebo patients. Most upper respiratory tract infections were mild. The rates were 1.48 and 1.26 upper respiratory tract infections per patient year for ENBREL and placebo patients, respectively. The rates of upper respiratory tract infections per patient year were 0.68 and 0.82 events per patient year for placebo and ENBREL patients, respectively. The increased rate of infections in ENBREL patients was accounted for by mild to moderate upper respiratory tract infections. The rate of serious infections was approximately equal in placebo- and ENBREL-treated patients (0.05 and 0.07 events per patient year, respectively). Serious infections were reported in 2% of 745 ENBREL subjects, including: pyelonephritis, bronchitis, septic arthritis, abscess, cellulitis, osteomyelitis, wound infection, pneumonia, foot ulcer, diarrhea, sinusitis, and sepsis. Data from a sepsis clinical trial, not in RA patients, suggest that ENBREL may increase mortality in patients with established sepsis. **Malignancies**-Seven new malignancies of various types were observed in 745 RA patients treated in clinical trials with ENBREL for up to 18 months. The observed rates and increases were similar to those expected for the population studied. **Autoantibodies**-Patients had serum samples tested for autoantibodies at multiple time-points. Of the patients evaluated for antinuclear antibodies (ANA), the percentage of patients who developed new positive ANA (>1:40) was higher with ENBREL (11%) vs. placebo (5%). The percentage of patients who developed new positive anti-double-stranded DNA antibodies was also higher by radioimmunoassay (15% ENBREL, 4% placebo) and by Crithidia lucilae assay (3% ENBREL, none of placebo-treated patients). The proportion of patients treated with ENBREL who developed anticardiolipin antibodies was similarly increased compared to placebo-treated patients. No patients developed clinical signs suggestive of a lupus-like syndrome or other new autoimmune diseases. The impact of long-term treatment on the development of autoimmune diseases is unknown. **Other Adverse Reactions**-Events reported in at least 3% of all patients with higher incidence in ENBREL patients compared to controls in placebo-controlled RA trials and events per patient year are summarized in the next table:

Percent of RA Patients Reporting Adverse Events and Events per Patient Year in Placebo-Controlled Clinical Trials*

	Percent of patients		Event per patient year	
Event	Placebo (n = 152)	ENBREL (n = 349)	Placebo (40 pt years)	ENBREL (117 pt years)
Injection site reaction	10	37	0.62	7.73
Infection	32	35	1.86	1.82
Non-URI**	32	38	1.54	1.50
URI**	16	29	0.68	0.82
Headache	13	17	0.62	0.68
Rhinitis	8	12	0.35	0.45
Dizziness	5	7	0.25	0.21
Pharyngitis	5	7	0.17	0.24
Cough	3	6	0.17	0.18
Asthenia	3	5	0.10	0.16
Pain, abdomen	3	5	0.12	0.17
Rash	3	5	0.12	0.21
Respiratory disorder	1	5	0.05	0.17
Dyspepsia	1	4	0.05	0.12
Sinusitis	2	3	0.07	0.12

* *Includes data from the 6-month study in which patients received concurrent methotrexate therapy*

** *Includes data from two of the three controlled trials*

Among RA patients treated in controlled trials, serious AEs occurred at a frequency of 4% in 349 ENBREL treated patients compared to 5% of 152 placebo-treated patients. Among RA patients in controlled and open-label trials, malignancies and infections were the most common serious AEs observed. Other infrequent serious AEs observed included: heart failure, myocardial infarction, myocardial ischemia, cerebral ischemia, hypertension, hypotension, cholecystitis, pancreatitis, gastrointestinal hemorrhage, bursitis, depression, and dyspnea.

OVERDOSAGE-The maximum tolerated dose has not been established in humans. Toxicology studies have been performed in monkeys at doses up to 30 times the human dose with no evidence of dose-limiting toxicities. No dose-limiting toxicities have been observed during clinical trials of ENBREL. Single intravenous (IV) doses up to 60 mg/m² have been administered to healthy volunteers in an endotoxemia study without evidence of dose-limiting toxicities. The highest dose level evaluated in RA patients has been a single IV loading dose of 32 mg/m² followed by SC doses of 16 mg/m² (~25 mg) administered twice weekly. In one RA trial, one patient mistakenly self-administered 62 mg ENBREL SC twice weekly for 3 weeks without experiencing adverse effects.

Rx only

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Continued from page 22

I thought I'd have to ... bankruptcy. I was scared ... The stress was unbear... whenever I'd come home from ... office, there was Valerie, hou... me for having a beer or two. That ... when her temper would come out ... she'd snap at the drop of a hat.

"Val never knew that I really did leave her to move in with Abby. I didn't want to be with Val anymore, and Abby had always been there for me. But I soon realized I didn't want to be married to her, either. I went back home, and for a while, my marriage did seem better.

"MANY WOMEN CHOOSE NOT TO ACKNOWLEDGE THEIR HUSBANDS' INFIDELITY TO THEMSELVES OR THE PUBLIC"

"Then, just a few months ago, I ran into Abby at a business conference and the affair started up again. This time, it really was just for sex. I had no intention of breaking up my marriage. Now I feel terrible that I've hurt Val so badly. I don't want a divorce, but I don't see how we can go on, either. How do we become a couple again?"

THE COUNSELOR'S TURN

An affair that continues for years is a devastating breach of trust, and it hit Valerie with all the force of a hurricane," said the counselor. "Most people can more easily forgive a one-night stand than a long-standing infidelity, and Valerie was angry and overwhelmed by powerful emotions.

"Though it may seem incredible that Valerie didn't know about the affair, I see this happening time and again. Many women choose not to acknowledge their husbands' infidelity to themselves, let alone to the public, out of fear of losing even the semblance of a happy home. For his part, Rob had fallen into a pattern of lying and cheating, and ... Valerie ... too ... al...

"However, I told the couple ... to save their marriage, you ... to stop ... blaming you ... and pointing fingers at each other. Both of you share ... responsibility for what's gone wrong.

"The first crucial step was to demand that Rob end the affair once and for all. 'That means no more calls, messages or visits,' I said. 'You cannot fix your marriage by adding another complication to it.' Rob agreed.

"Then it was time to get to the root of the problem. In many cases of infidelity, the straying spouse is trying to stave off a deep-seated feeling of abandonment, loss, frustration or betrayal. Children whose parents divorce or die often feel alone, unloved and unworthy of love. A child whose mother or father is unfaithful may feel anxious or unconfident because of the tension and secrecy he senses at home.

"Rob was struggling with all these issues. In many ways, his life had been scripted at birth. Professionally, his parents dictated his career path; emotionally, his cool, domineering mother made him feel that he could never measure up. Rob grew up feeling a real need both to prove himself to others and to find someone to take care of him. He found a loving, nurturing partner in Valerie, but because he felt undeserving of her and feared being abandoned again, he pushed her away.

"As he entered his early forties, Rob was pummeled by business crises, along with the sense that his wife was displeased with him. All of this knocked him off balance and left him susceptible to the temptation of an affair. Being unfaithful made him feel invincible and attractive.

"Valerie's childhood experiences also subtly contributed to the situation. Emotionally abandoned by her parents, she was forced to be the strong one in the family early on. At first, Rob appeared to give her all the respect and joy she needed. But once they married, Valerie put her own interests aside and lost herself along the way.

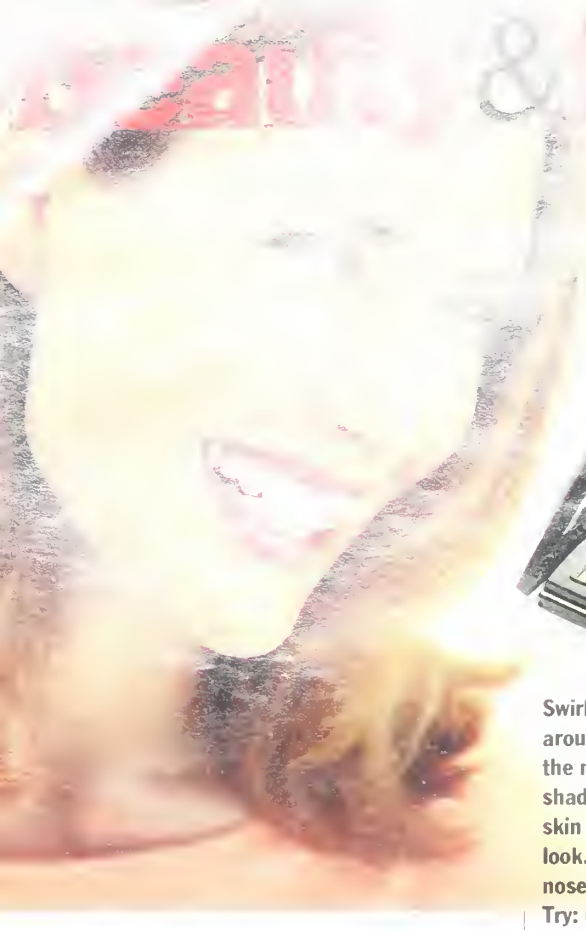
"Confiding their personal histories and fears and empathizing with each other didn't make the affair any less upsetting, but it did allow Valerie and Rob to understand why they both felt inadequate and unprotected. They soon began to feel more like allies than enemies.

"Reestablishing their trust would be the hardest part. I warned the couple that they might at first have to act as if they felt more loving, secure and forgiving than they actually did. For Rob, this meant not just apologizing, but also showing Valerie in concrete, affectionate ways just how important she was to him.

"Valerie needed to acknowledge Rob's attempts at reconciliation with love and support, which was particularly hard for her. However, I explained, her indignation was standing in the way of her healing. 'If you become more open to him, he'll be more likely to open up to you,' I said. 'Though it won't be easy, putting your anger and pride aside will help you forge a new life together.'

"As Valerie gradually let go of her pain, she and Rob did begin to spend more leisure time together: playing tennis and taking golf lessons; making new friends; going on weekends by themselves; and just enjoying being with each other.

"Rebuilding trust after an affair can take a very long time, and all couples must find their own way. Rob and Valerie stopped counseling after two years, though I continue to see them every so often. By making their marriage a priority, they are strengthening the intimacy that brought them together in the first place." ●



GOING BRONZE

Attention reformed sun worshipers: Staying out of the sun doesn't mean your face has to go without a glow. You can fake it in just seconds with a bronzer. Check out the slew of new formulas, shades and sheer textures made to melt seamlessly into your skin.



Swirl the brush around to blend the nine sheer shades and give skin a sun-kissed look. Dust cheeks, nose and hairline. Try: Givenchy Face Prism



Gels and creams with subtle shimmer add extra radiance. Blend under brow, high on cheekbone, and on shoulders. Try: Revlon Face Shimmer



Liquid bronzers can be tricky to apply, but adding a dab of moisturizer will help blend it, streak-free, into a golden sheen. Try: BeneFit Glamazon



To mimic a tan on dry skin, choose a creamy bronzer stick. Use fingers (or apply direct) and gently blend. Try: Bobbi Brown Bronzing Stick

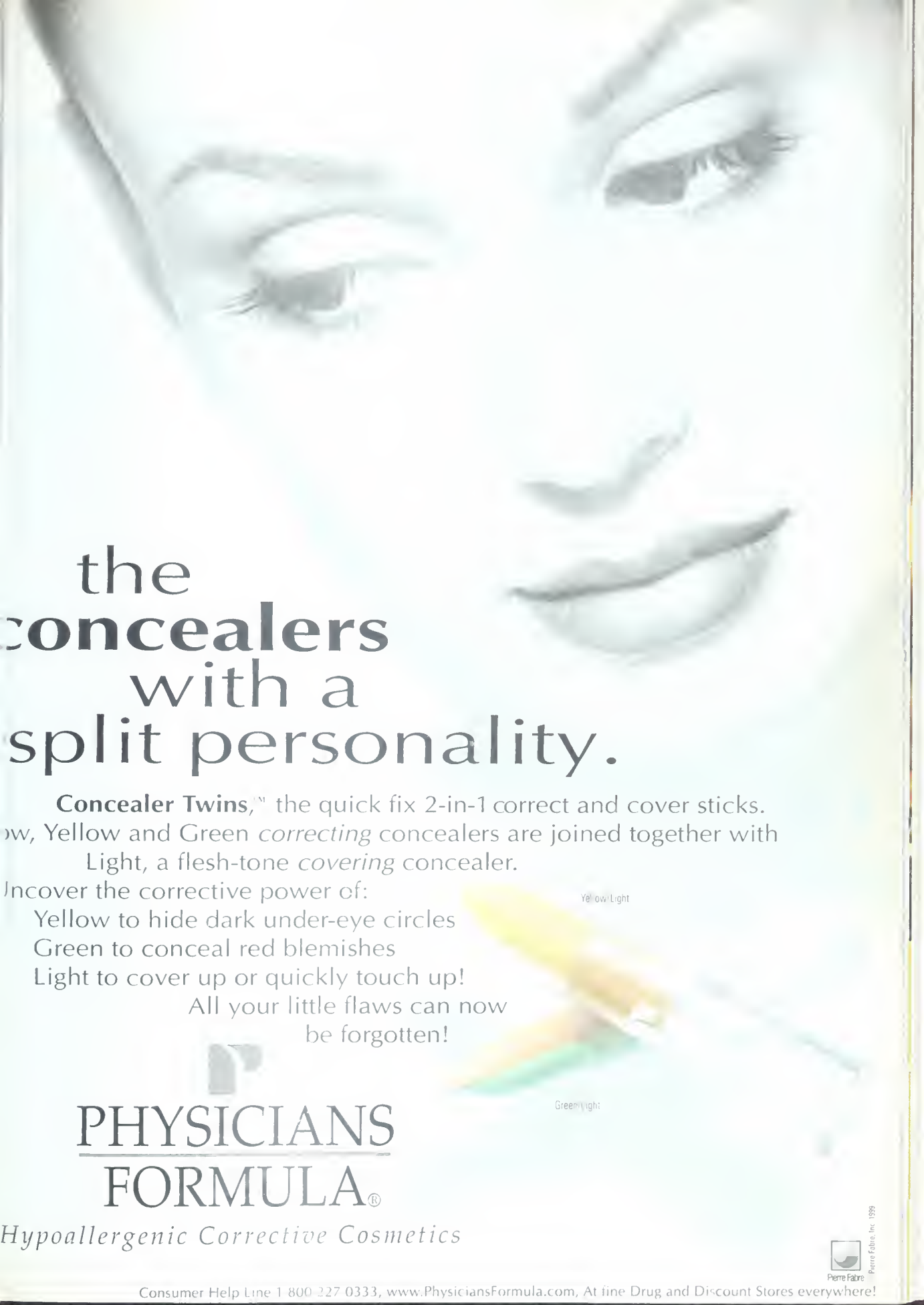
HAIR TODAY, GONE TOMORROW

Summer brings with it many pleasures, but we all know that constantly shaving or waxing, particularly the bikini area, is not one of them. And now there's a do it-yourself alternative called sugaring, a hair-removal method with ancient roots, previously available only in salons. The technique simi[illegible] waxing: [illegible] pulling off the strips to remove hair at the root. Results last four to six weeks. Unlike wax, the sugaring solution is water-soluble, so it's easier to remove the sticky residue from your skin. Nudit, Sally Hansen and Surgi have just introduced sugaring kits; some include soothing aloe and green tea on their list of ingredients, as well as analgesic after-treatment creams.



NEW KID ON THE BLOCK

We'd all love to have perfect, healthy skin. And there's a new makeup line from skin-care experts Neutrogena that promises to help it at least look that way. Incorporating ingredients from its Healthy Skin treatment products, such as pro-vitamin B5, pro-retinols and SPF 20, Neutrogena's line, which includes foundations, concealers, mascara, lipcolor and blushes, is available in drugstores now.



the concealers with a split personality.

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In The Thick Of It

Thin isn't in when it comes to hair, and if you overload on thickening products, the result can be the exact opposite of what you're after. Here's a guide to choosing the best formula to help pump up the volume of your hair. For *thinning at the crown and hairline*, spray a root lifter, such as Amplify from Matrix, directly at the roots, massaging into scalp. For *fine straight hair*, a mousse like Joico's I.C.E. Whip Designing Foam is your best bet: Apply to damp hair, and blow-dry with hair flipped forward. And not all *curly hair* is naturally thick hair, so use a spray or cream gel, such as Back to Basics Basic Texture Be Thick Gel, to define and thicken fine, frizzy curls.



WINDOWS SHOPPING

Booting up the computer is becoming an increasingly popular way to avoid crowds and long lines at the mall. Below are a few Web sites where you can stock up on wardrobe staples and track down designer bargains. How do you know a site is secure? You'll see symbols like an unbroken lock or key, a URL that begins with https://, *or the words Secure Socket Layer (SSL), which mean only you and the merchant can view your payment information. Merchants may also ask you to create a personal account that requires a password.*

www.designersdirect.com Here you'll find 25 to 75 percent off top designers, including Calvin Klein, Levi Strauss and Nike. At press time, we found a DKNY pullover nylon jacket for $93, forty-five percent off retail.

www.chockcatalog.com Underwear and hosiery from brand names like Bali, Hanes, Calvin Klein and Vanity Fair are sold here.

www.bluefly.com Bluefly's easy-to-navigate site boasts Tommy Hilfiger and Ralph Lauren, among others, at discount prices. At press time, we spied a Jones New York three-button silk blazer at $110, forty-seven percent off retail.

FOOTNOTES

Flat shoes are better for your feet and legs than heels, right? Not necessarily, according to New York City podiatrist Dr. Suzanne Levine. Here, the doctor examines the most popular styles for summer and gives her prognosis



This casual slide by Isaac Mizrahi has great style, but because it is an open back flip style it's difficult to keep on the foot and [illegible] an

This round-toe style by Chinese Laundry is just what the doctor ordered. The toebox leaves ample room for toes to breathe and stretch. "I like that there's a little heel," adds Levine. "It makes it a [illegible] for women who are used to wearing [illegible]. A

Sigerson Morrison's ballet mule provides a bit more fashion than function. Pros? A roomy, round toe offers more support than an open-toe thong or slide. Cons? Not good for long walks—the leather is stiff, yet it is still hard to keep them on. Grade: B

"The heel and sole of these mary janes by Report are a single piece of plastic, which doesn't offer much support," says Levine. "That makes these the equivalent of wearing a high-heel shoe. The rounded toe, though, is a foot-friendly plus." Grade: C

Sam & Libby's mesh ballet-style shoes have more cushion for support than many flats do. But the leather and synthetic mesh will expand differently in the heat, which could cause blister-forming friction at the seams as well as perspiration buildup. Grade: B

"You'll need a chauffeur to take you around in these," says Levine, of Anne Klein's thongs. "The sole has no give, and thongs put so much pressure on the toes that you can't possibly walk in a normal, healthy gait." An A for style, but. . . . Grade: D

PHOTO: ANDREW PARSONS; STILLS: STEVE WISBAUER

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IN WITH THE NEW

CLASSICS ARE, BY DEFINITION, FOREVER FAVORITES, BUT IF YOU'RE LOOKING TO UPDATE A PIECE OR TWO FOR SUMMER '99, CHECK OUT THESE BASICS WITH A TWIST

STRUCTURED BLAZER

RELAXED CARDIGAN

Instead of the lightweight but wrinkle-prone linen jacket, a sleek rayon/silk V-neck sweater dresses up straight pencil skirts

WHITE JEANS

DRAWSTRINGS

The quintessential sign of any summer? White jeans. What says summer of '99? PJ-style drawstring pants that require no break-in time

BASIC TANK

TANKINI

The black maillot swimsuit was once the ultimate bodyshaper—but the tankini, a new "boomer fave," blends both bikini and tank for still-modest coverage

LONG, FLUID SKIRT

MINI WRAP

Self-tanning (or hot hose) is required before wearing the classic mini. But the long skirt lets you skip both while lending you a long, lean silhouette

HEADBAND

Headbands are a no-brainer quick hair fix. The adjustable "bra-band" holds bangs and layers off the face in style

BRA-BAND

V-NECK

BOATNECK

The pastel V-neck has always been the topper of choice for cool nights. New update: a three-quarter-length-sleeve boatneck to pair with slim pants and skirts

BASIC BAG

STRAW SHOPPER

Summery neutral leathers go with [illegible]

OVERSIZED TEE

FITTED TO A T

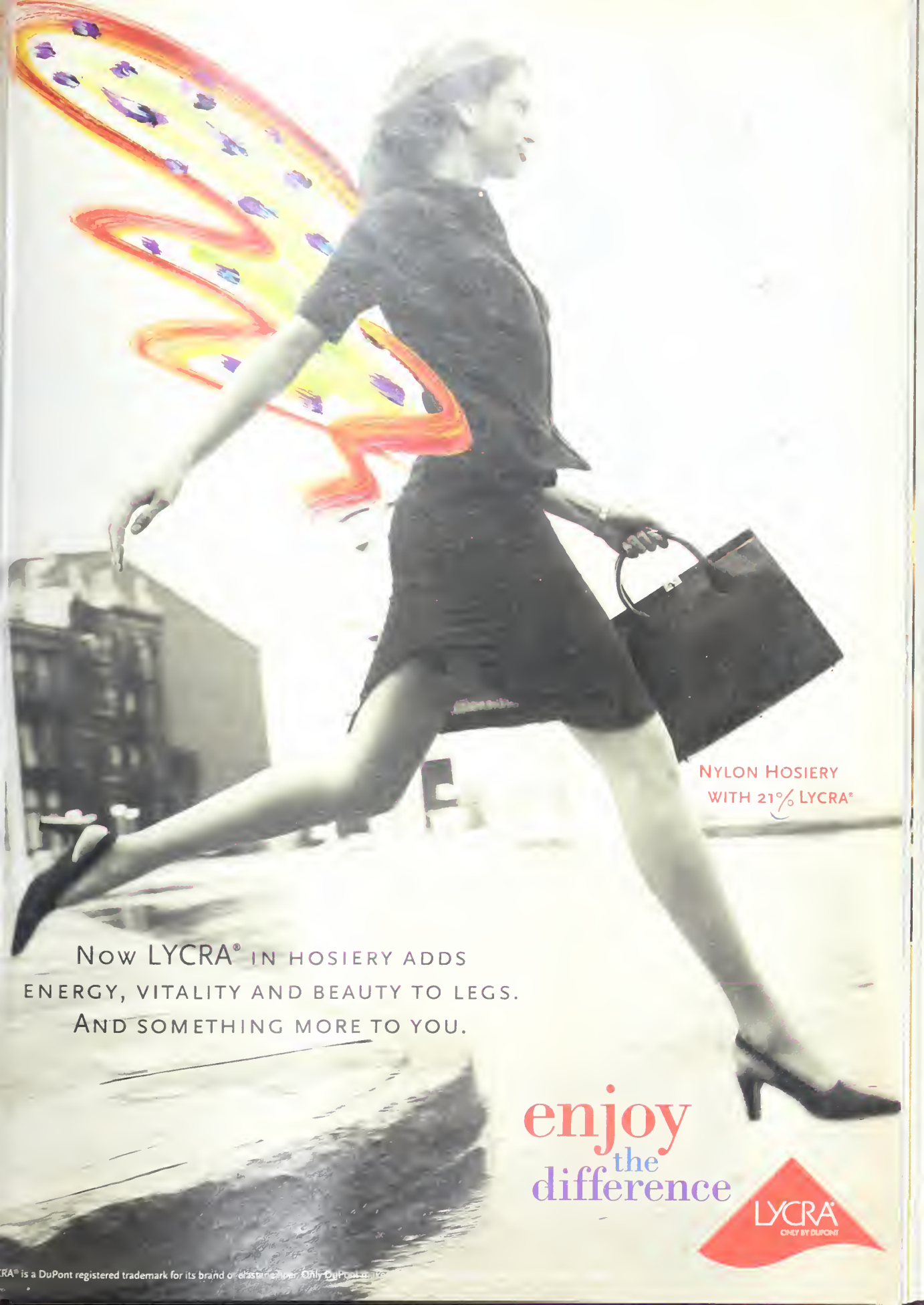
The big white tee still works on weekends, but the new stretch black tee gives a more shapely look

CUTOFFS

CAPRIS

Your favorite jeans can live on forever as cut-offs, but slim knee-length clamdiggers with stretch have updated style and attitude

STYLIST: STEVE WIGRAHAM. TOP ROW, FROM LEFT: BLAZER, LAUREN BY RALPH LAUREN; JEANS, CALVIN KLEIN JEANS; CARDIGAN, ANN TAYLOR; SKIRT, ANN TAYLOR; MINI WRAP, ANN TAYLOR; BASIC BAG, LIZ CLAIBORNE; STRAW SHOPPER, LIZ CLAIBORNE; OVERSIZED TEE, GAP; FITTED TO A T, GAP; CUTOFFS, LEVI'S; CAPRIS, LEVI'S


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AFTER THE RAPE

I was brutally assaulted by a convicted felon, but my ordeal was just beginning

By Marjorie Preston

I kissed my five-year-old daughter and waved good-bye as she walked toward the airport terminal, hand-in-hand with her father. They were off to Florida on vacation, and I looked forward to a few days alone. As a second-year college student, I planned to catch-up on homework while Joanie* was away.

I had returned to college as a thirty-three-year-old single mom, fulfilling a longtime dream to study communications. Life was so busy in 1991 that when the local news reported that a prisoner being transported from court in my town had escaped from custody, I hardly blinked—the fugitive was a petty thief, and Media, Pennsylvania, was so quaint and quiet that I referred to it as Mayberry.

Joanie and I lived [illegible] floor of a grand old Victori[illegible] complete with high ceilings and a slate fireplace. For all its charm, security was rather lax, but that was the furthest thing from my mind that night. I worked until two A.M., then tumbled into bed.

A couple of hours later, I thought I was having a nightmare. I couldn't [illegible] and began to thrash around struggling to wake. Then, I felt gloved hands pressing hard on my eyes and mouth. A stranger stood over me in the dark, and I heard a man's soft voice at my ear: "Where's the money?" Though his hands covered my mouth, inside I was already screaming. *Oh, no. Not this.* I had no money, but I told him he could take my car. "I don't want your car," he said. "Turn over."

That's when I panicked. "I can't," I said. "I'm too afraid. Please don't make me." But he was merciless. In the same soft voice, the stranger ordered me to do as he said, warning that if I saw his face, he would kill me. "I have a knife," he said.

Now I know how I'm going to die, I thought. *Tonight I'm going to be murdered in my bed.* I wondered who would find me. *And, oh God, who will tell my child?*

My attacker twisted my face into the mattress, and instinctively, I started talking about my little girl. "She's on vacation. She's coming home in a few days. I need to be here for her. She's only five." *Maybe he won't kill me if I can make him know me.*

"I won't hurt you," he said, as he started to rape me. Face down on the bed, I strained to catch a glimpse of him from the corner of my eye. *Remember everything*, I told myself. *If I live, I will be able to tell.*

Perhaps forty minutes later—though I will never be sure—he seemed to be finishing. Under my breath, I whispered my prayers, hoping the knife wouldn't hurt. But he climbed off and was gone, soundless as a ghost. When I raised my head, I was alone; my lace curtains billowed around an open window. I slammed the window shut and ran through the apartment, screaming. I had never been so frightened—or so angry—in my life.

I immediately called my parents, but there was no answer, so I dialed the police. Within minutes, half a dozen squad cars pulled into the driveway. Briefly, I told them what had happened, and they *(continued)*

*Name has been changed

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me to the hospital. I cried just once, remembering that my five-year-old often crept into the bed where I had just been raped. *Page and Joanie aren't home,* I thought.

Delaware County Women Against Rape sent a volunteer to the emergency room, who warned that I could experience a range of emotions, from shock and denial to anger and depression. I waved her away. "I'm fine," I said wearily. "I just want to go home."

The next morning, I was driven from the hospital to the police station, where I wrote out a statement. I finally reached my mother, who arrived minutes after my call. "Mom, I thought he was going to cut my throat," I said. I hadn't seen my mother cry in years, but she cried then. By the time she drove me home, my father had already installed bars on my bedroom window.

At first, friends and family overwhelmed me with offers of help, but I refused them all. I felt oddly euphoric; I was alive, and impressed at how well I was handling this.

In reality, my emotions stopped functioning the night I was raped. Shock enabled me to think, and kept me from becoming hysterical. It may have saved my life. But that sense of disassociation lingered, keeping me totally out of touch with my feelings. In fact, when newspapers carried stories about the "brutal rape," I felt as if I were reading about someone else.

One week after the rape, Jeffrey Andrew Page, the escaped burglar, [illegible] a Philadelphia hotel [illegible] suspect in [illegible] was [illegible] until DNA tests [illegible]

Six [illegible] hearing. [illegible] ready [illegible] that the trauma [illegible]



Throughout the court proceedings, Marjorie gained solace and support from prosecutor Bill Toal

overeating and drinking too much, I gained sixty-seven pounds in less than a year. It was strange to look in the mirror and see myself so puffy, so haggard. I now realize I had made myself as unattractive as possible to stave off any man's attention. If I was ugly, I would be safe.

Now I ached to talk about the crime, but family and friends were reluctant listeners. For one thing, they had dealt with their reactions months earlier, and had moved on. Furthermore, the details of this crime were so intimate. It's often said that rape is not about sex, but [illegible] hat's not true. Rape may be about violence and domination for the predator, but it is also absolutely about sex. A man I did not know forced me into an act of intercourse. Sometimes I thought if he had beaten me, even tried to kill me, it would have been more acceptable. But this was sexual, and people found it embarrassing.

After two years of suppressing my fears, I eventually acknowledged that my life was heading in the wrong direction. Though I managed to keep my drinking inconspicuous—

I cried just once, remembering that my five-year-old often crept into the bed where I had just been raped

I was going to school, and working at the college radio station part-time—I still used alcohol and tranquilizers to cope. I hoped that a thirty-day substance abuse program would help.

Arriving at the treatment center, I discussed my problem with an intake worker: I had been raped, I said. Perhaps understandably, I had a fierce mistrust of men. Drinking had become my refuge. He agreed that inpatient treatment would be a good choice for me. But after I checked in, I realized that every other patient at the center was a man, and learned that many of them had just been released from prison. When I protested, a therapist encouraged me to "bond" with them. I fled the center the next day.

Not only did I feel hatred for the first time in my life, but I was also emotionally distant from my daughter during that time. The depression that followed the attack made me less of a mom to Joanie. She was five at the time, eight when the trial was over. Now she's a teenager, and sometimes I still yearn for the countless priceless *(continued)*



block party



Summer skin care tip:

MERLE NORMAN

COSMETIC STUDIOS

nents of little girlhood that I
dn't share fully with [illegible]

When Joan's [illegible] told her, "Someone [illegible] Mother] that some. I'm so sad [illegible] happened [illegible] able to en- [illegible] truth. [illegible] for her. Deep down, I believe she [illegible] her down. Deep down, I agree.

I never saw the face of my attacker, so the case against Jeffrey Page turned on physical evidence. After waiting months for the results, a DNA match of semen ultimately implicated him, leading to charges of rape, simple assault, robbery, terroristic threats and unlawful restraint, as well as burglary and possession of an instrument of crime.

I thought the case would move along smoothly from that point, but because DNA cases were relatively new—mine was one of the first in Pennsylvania—the defense protested using such testing, and a trial date was postponed for a year. Two more years of legal wrangling would follow.

Almost three years had passed, and the trial was still pending. Depressed and anxious, I had quit school and settled for a clerical job in real estate. Once an ambitious, purposeful woman, I was just marking time. I felt so isolated, and no longer talked about the rape. Lucky for me, a friend had given me a squat, sad-faced Boston terrier; that little dog became my confidant.

Then, one day in January 1994, I found another. I was at the real-estate office when I was notified of yet another trial delay. Frustrated, I broke down, right in front of my boss, Donna Keegan. Everything spilled out, and I regretted it instantly. It was unprofessional. I scarcely knew Donna. In true fashion, she was subdued. Then she said, "You must [illegible]

[illegible] me. I [illegible] aftermath, [illegible] and [illegible] pression, and [illegible] legal system. [illegible] the Dome to tell my sto- [illegible] until it no longer [illegible] and memories of the rape [illegible] ger erupted in my dreams.

[illegible]ually, as I released the poi- [illegible] feeling inside, the behaviors I had used to stifle my emotions were no longer necessary. It took time and patience and a few false starts, but ultimately, I stopped relying on food, drink and drugs to calm me. The weight—my shield of armor—fell away. It was the beginning of my recovery.

The trial was finally rescheduled for March 21, 1994. As the prosecutor questioned me, I looked at him pleadingly, hoping, to no avail, he would skip the more intimate questions. During the cross-examination by Page's attorneys, I was forced to look in the defendant's direction, but Page never looked at me, never said a word and never took the stand. Finally, on March 25, Jeffrey Page was found guilty, and a month later, he was sentenced to nearly fifteen and a half to thirty-three years in prison. I had been avenged.

Strange as it sounds, I wouldn't trade my experience for anyone else's life. It is a measure of me, of what I am capable of enduring, and I'm proud of the life I've rebuilt. In the years since the rape, I've successfully pursued a career in journalism. When I started covering the crime beat, I was gratified that victims found it easy to talk to me.

Just recently, I interviewed a woman who had been kidnapped and repeatedly assaulted. She was numb, just as I had been. During our conversation, she wondered aloud if she would ever recover. I told her, "You'll get there. But remember, this process has a beginning, a middle and an end—unfortunately, the middle is the longest part." She will never be the same, but with love and support, she can recover. I know. Once I was raped, too. But it was a long time ago.

RIMADYL

(carprofen)

Caplets

Non-steroidal anti-inflammatory drug

For oral use in dogs only

CAUTION Federal law restricts this drug to use by or on the order of a licensed veterinarian

DESCRIPTION Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug (NSAID) of the propionic acid class that includes ibuprofen, naproxen and ketoprofen

INDICATIONS Rimadyl is indicated for the relief of pain and inflammation in dogs. Rimadyl was shown to be clinically effective for the relief of pain associated with osteoarthritis in dogs

DOSAGE AND ADMINISTRATION The recommended dosage for oral administration to dogs is 1 mg/lb of body weight twice daily. Caplets are scored and dosage should be calculated in half-caplet increments

CONTRAINDICATIONS Rimadyl should not be used in dogs exhibiting previous hypersensitivity to carprofen

PRECAUTIONS As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Effects may result from decreased prostaglandin production and inhibition of the enzyme cyclo-oxygenase which is responsible for the formation of prostaglandins from arachidonic acid. When NSAIDs inhibit prostaglandins that cause inflammation they may also inhibit those prostaglandins which maintain normal homeostatic function. These anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease more often than in healthy patients. NSAID therapy could unmask occult disease which has previously been undiagnosed due to the absence of apparent clinical signs. Patients with underlying renal disease for example may experience exacerbation or decompensation of their renal disease while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, side effects may occur with its use. The most frequently reported effects have been gastrointestinal signs. Events involving suspected renal, hematologic, neurologic, dermatologic, and hepatic effects have also been reported. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Since many NSAIDs possess the potential to induce gastrointestinal ulceration, concomitant use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids and NSAIDs, should be avoided or very closely monitored. Sensitivity to drug-associated adverse events varies with the individual patient. For example, Rimadyl treatment was not associated with renal toxicity or gastrointestinal ulceration in well-controlled safety studies of up to ten times the dose in dogs.

Since a significant number of patients receiving Rimadyl are older dogs, it is advisable to conduct a geriatric examination and to consider appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to administration of any NSAID. Periodic monitoring may be appropriate in certain patients. **Owners should be advised to watch for signs of drug intolerance, such as inappetence, vomiting, diarrhea, melena, PU/PD, anemia, jaundice, lethargy, ataxia, seizure, or behavioral changes.** (See Adverse Reactions section.) Recognition of possible drug-related clinical signs accompanied by withdrawal of the drug, and supportive therapy if appropriate, has resulted in recovery of the vast majority of patients. The side effects of this drug class, in rare situations, may be serious and if corrective action is not taken may result in hospitalization and even fatal outcomes.

Rimadyl is not recommended for use in dogs with bleeding disorders (e.g., Von Willebrand's disease), as safety has not been established in dogs with these disorders. The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with other protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

WARNINGS Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans.
For use in dogs only. Do not use in cats.

ADVERSE REACTIONS During investigational studies, no clinically significant adverse reactions were reported. Some clinical signs were observed during field studies (n=297) which were similar for carprofen- and placebo-treated dogs. Incidences of the following were observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). The product vehicle served as control.

The following occasionally occurring adverse drug reactions have been reported in association with the clinical use of Rimadyl:

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hematemesis, gastrointestinal ulceration*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggressiveness*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic enzyme elevation, abnormal liver function test(s), hyperbilirubinemia, hyperbilirubinuria, hypoalbuminemia. Approximately one-third of hepatic reports were in Labrador Retrievers.*

Renal: *Hematuria, polyuria, polydipsia, urinary incontinence, urinary tract infection, azotaemia, acute renal failure, tubular abnormalities including renal tubular necrosis, renal tubular acidosis, glucosuria*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs.*

Hematologic: *Immune-mediated hemolytic anemia, immune-mediated thrombocytopenia, blood loss anemia*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchymosis*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema*

To report suspected adverse reaction call 1-800-366-5288

STORAGE Store at controlled room temperature 15°–30°C (59°–86°F)

HOW SUPPLIED Rimadyl caplets are scored, and contain 25 mg, 75 mg or 100 mg of carprofen per caplet. Each caplet size is packaged in bottles containing 100 or 250 caplets.

To obtain technical assistance, call 1-800-366-5288

NADA #141-053, Approved by FDA

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See brief summary on adjacent page for important information.

1. Proprietary market research, 1998. Data on file.



Pfizer Animal Health

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A little hope lights the way

The strong light of hope begins with the smallest prayer. And the sweetness and purity of God's littlest ones shine with as much radiance as the tallest beacon of the shore.

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CNN, The World's Most Trusted News Source, and *Ladies' Home Journal* present up-to-the-minute reports and findings about the world today



A HEALTHIER HEART

The largest, longest study of heart disease ever confirms that the polyunsaturated fatty acids found in fish oil can significantly reduce the risk of dying after a first heart attack. In the three-and-a-half-year study by Italian doctors of more than eleven thousand heart-attack victims, half of the patients consumed one gram of fish oil per day in pill form. All the participants were told to eat fish instead of meat twice a week, add more fruits and vegetables to their diet, cut fat, and exercise. For those who took the supplements, the risk of dying from heart disease dropped by 15 percent.

While you *can* get the heart benefit by eating fish alone, doctors say the amount you would have to eat might be more than most people can tolerate, so supplements are a good option. Scientists theorize that the omega-3 fatty acids found in fish oil help remove fatty plaques in the blood vessels. Other sources of these fatty acids include canola oil, flaxseed and flaxseed oil. —Holly Firfer, *Your Health*

Quote of the Month

"A lot of people think fame would be neat—and parts of it are—but they don't really understand what it means" —*Jenna Elfman, on Showbiz Today*

GOOD NEWS ABOUT HMOs

A recent study shows that Medicare breast-cancer patients in HMOs are generally diagnosed when their cancer is at an earlier stage than those in fee-for-service insurance plans.

In the study, HMO participants were slightly more likely to undergo breast-conserving lumpectomies rather than mastectomies. In addition, they were more likely to receive radiation treatment, which is usually recommended following a lumpectomy. "Most of the HMO plans we looked at provided levels of radiation therapy similar to or even above those in fee-for-service plans," says Gerald Riley, a research analyst at the Health Care Financing Administration, in Baltimore.



The researchers warn, however, that cancer screening and treatment policies differ greatly from plan to plan. Therefore, it's important for patients to choose the best insurance option carefully.

—Dan Rutz, *Your Health*

THE QUICK SELL

The average home buyer looks at twelve houses before placing an offer. To be competitive, a seller should price her house at no more than 5 or 10 percent above the value of comparable homes, says Terry Eilers, author of *How to Sell Your Home Fast* (Hyperion, 1997).

—Peter Viles, *Your Money*

Tune in for the latest from Hollywood to Broadway (Weekdays, 4 P.M. E.T.) and the latest in medical news (Saturdays, 2:30 P.M., and Sundays, 3 P.M. E.T.).



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SAYING GOOD-BYE

As Alzheimer's disease slowly gains its hold on him, my father and I are forging a new relationship

By Patti Davis





Left: One of my favorite photos of me and my father. Above: Last summer, he made one of his rare public appearances as he walked near his home in California

I WILL NEVER FORGET the first time I saw my father, Ronald Reagan, studying the comics pages of the newspaper the way he once studied the op-ed section. I felt a pang of pain and sadness.

My father was eighty-three when the formal diagnosis of Alzheimer's was handed down. We had healed a lot of wounds and I had accepted that, at his age, time was growing short, even under the best of circumstances. But death has many faces. With Alzheimer's, there is the death of memory, cognition, awareness, and the death of hope. Once—it now seems so long ago—there were things I imagined saying to my father, conversations I thought we could finally have about what had gone wrong between us, but also about [illegible] right. But [illegible]

[illegible] I [illegible] tered [illegible] frightened [illegible] narrow and what [illegible]

to look strange? Would he grieve over a past that was steadily eroding? What emotions flow beneath his damaged memory?

Even though my family has been visited by a great sadness, we are fortunate. As a former President, my father has Secret Service protection, a guarantee that he won't wander off and become lost, as so many patients with Alzheimer's tend to do. And because my parents are wealthy, my mother could afford to bring caregivers into their home.

Neither my siblings nor I have been faced with the decision of how best to care for our father. Those choices have been made without us, and so we have been spared a wrenching aspect of this experience.

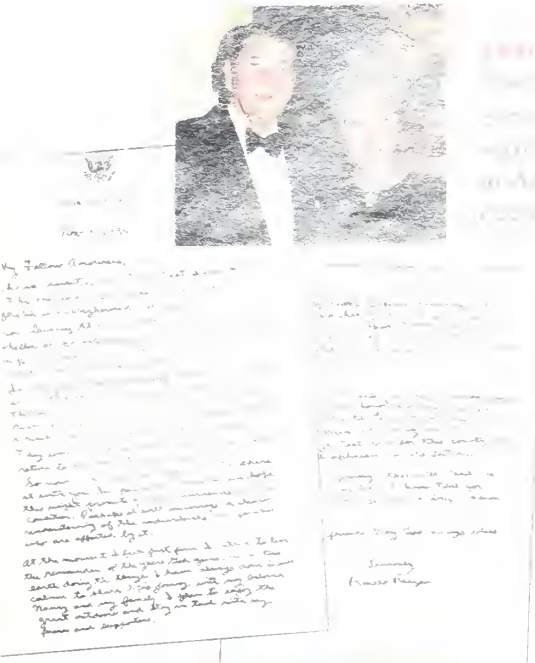
From the beginning, I shied away from encumbering myself with clinical descriptions. I saw no value in putting medical language to a fact I already knew too well: Alzheimer's breaks off the pathways in the brain, like freeways after an earthquake. Science may be able to map out the brain, but it can't fully understand the mind. I felt I owed it to my father to experience the mystery. I made a conscious choice to accept whatever unfolded.

I sit with my father and look at a book of photographs; the other day it was a book on Iowa. Each page is a new adventure, and when we get to the end, we can start over and it will be a different adventure. I don't allow myself to drift into the past or the future. I step firmly into the moment, as if that's all there is. Because for my father, it's everything.

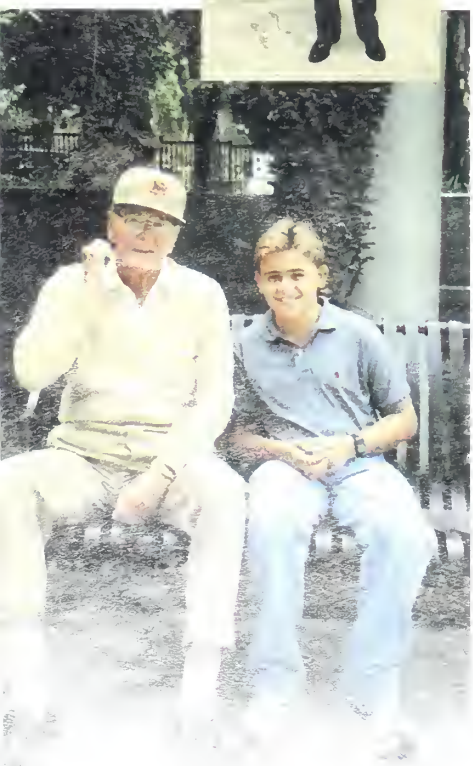
When I talk to other patients' families, I am continually struck by how similar the emotional *(continued)*



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From the top: My parents in 1994; a few months later, my father wrote a letter to inform the public that he had Alzheimer's disease. Waving to admirers at his Presidential library in 1997; posing with a twelve-year-old fan that same year

comes to
succumb
recently intro-
and her
remarkable film, *Complaints of a Dutiful Daughter*, about
mother's battle with
Alzheimer's. In Doris Hoffmann's eyes, I saw my father's eyes that same mixture of confusion and knowingness. It's as if they are functioning on two levels—one that is disintegrating, which depends on language and conscious thought, and another that flows far beneath, mysterious and out of reach.

I once saw my father holding and staring at a hair ribbon that I'd put on the table. I tried to see it as he did—the way the fabric shone as he turned it toward the light, the way the colors seemed to move. It was curiosity in such a pure state that I know the moment will stay with me forever.

Language falls away with Alzheimer's. I've imagined it as a string of beads, each representing a word. Then the string breaks; beads roll across the floor and scatter. The temptation is to re-string them, make things whole again. But I don't. I respond instead to a look in my father's eyes, his body language, the intention behind the words that have broken apart.

Once, when I was leaving, I told my father, "I love you." He looked at me, paused and asked, "You did?" Because our troubled history had stood between us for so long, I felt my heart leap toward his words, eager to fix any lingering wounds from the past. But the truth is, he had simply mixed up the tense.

More often now, there is just silence, the slow turning of pages in a book, the shadow of a bird flying past the window. In the silence, I have experienced a truer, more authentic communication with my father than any we had before when language too often got in the way. I come to him now with no expectations. I can't recapture what's gone; I can only experience, as fully as I am willing to, what still remains.

Just as there are stages of Alzheimer's, there are stages to what we as loved ones go through. As with most things in life, we eventually stumble into acceptance.

We get the same questions from people who haven't had close contact with Alzheimer's: Does your loved one recognize you? Do they know who you are? And I've learned that most of us come around to the same answer: It doesn't matter. You change when you are around this disease. More and more, you come to the experience bare of the trappings of your life—your interpretations, and definitions of who your parent was in the past, and who you were in the past.

At the end of one visit with my father, I said, "I'll see you soon." And he answered very emphatically, "You bet you will." There was something so uncomplicated and spontaneous about it that I had to laugh. Which then made him laugh. When I left, he was still smiling.

Maybe in the end, all we have is a handful of moments—such as my father's eyes lighting up when I kiss his forehead and say, "I love you." I'm not sure if it's recognition or cognition. It doesn't matter. It's a moment I'll always treasure. ●

Approximately 4 million Americans suffer from Alzheimer's disease. For more information about the disease, call the Alzheimer's Association at 800-272-3900, or visit their Web site: *http://www.alz.org/*

The film *Complaints of a Dutiful Daughter* is available by special arrangement with Women Make Movies. This 44-minute video is available to purchase for home video use only. Institutional use is prohibited without permission from Women Make Movies. The price of $49.95 includes shipping, handling and applicable sales tax. To order, call 800-763-6393.



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Katie Brown's SOLUTION

Q As the weather gets warmer, I like to pull out the slipcovers, change my rugs and add a floral tablecloth, but my curtains have the same look year-round. Is there an easy, inexpensive way to update them?

A "The simple, affordable solution," says Katie Brown, host of Lifetime TV's *Next Door with Katie Brown*, "is to have your curtains do double duty—that is, make them reversible. Line your winter drapes in a summer-weight fabric (cotton, linen and silk are all good choices), in a pattern or solid color that coordinates. Then just flip them around as the seasons change."

CURTAIN CALLS



It's the easiest, fastest and least expensive thing ever to happen to hardware: wrought-iron curtain fasteners (pictured above) that work like jaw clips and let you hang fabric panels without using hooks. Of course, the best curtain hardware for your room is determined by your decor. Use this chart as a guide to what works best with what.

	ROOM STYLE: TRADITIONAL	COUNTRY	MODERN	ECLECTIC
HARDWARE	Dark wooden or brass pole with rings	Pine or whitewashed wooden poles and rings	Wrought-iron pole with iron rings	Dark-stained metal rod with clip fasteners
FABRIC	Floral prints, vertical stripes or paisley	Chintz, gingham check, muslin or lace	Voile or solid linen with striped or geometric pattern	Ethnic prints or antique linens
	Fabric panels for a [illegible]	Pinch-pleated panel	Tab-looped panels hang from [illegible]	Fabric panels with clips spaced 8 inches apart for pillow effect



WEEKEND PROJECT

TABLETOP REHAB

That scratched and water-marked wooden table that's been banished to the basement? Give it a new look with some fabric and upholstery tacks. First measure the tabletop's length, width and thickness, then cut the fabric of your choice at least two inches longer on all sides so it can be folded under the tabletop and staple-gunned in place. Sturdy cottons or linens are best, although once the table is covered, you may still want to protect the fabric with a piece of cut-to-fit glass. For a finishing touch, insert the tacks about an inch and a half apart along the top outer edge.

If the table's legs aren't much to look at either, make a table skirt. Measure the distance around the table and buy two or three times as much fabric for gathers. Shirr the fabric onto a double-sided Velcro strip (or have a tailor do this for you) and attach to the table just under the tacks.



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WILL YOU MARRY ME?

SEVEN WOMEN HAD NO IDEA. HERE, THE ROMANTIC PROPOSALS THAT WON THEIR HEARTS

A FEAST OF LOVE

Just before Labor Day 1997, Mark took me to our favorite restaurant for dinner. We were planning to get a quick bite—or so I thought. While I perused the specials listed on the menu, I commented on how many foods I love were being served. Then I saw a note on the bottom of the page that read, "Congratulations. You are Casa D'Amici's one thousandth customer, and you have won a lifetime of love and happiness! Turn over for details." I casually flipped over the page thinking, Sure, just like all the other prizes I've won. I was shocked to see the words "Mary Anne, will you marry me? Love, Mark," and I started to cry. Later, both of our families and a few friends joined us for a dinner of all my favorite foods, which Mark persuaded the chef to make!

—Mary Anne Olivo, 29, Northvale, New Jersey

a true **treasure**

Last June, Carl and I had plans to take a day off from our jobs at the American Museum of Natural History (he's a paleontologist; I'm a promotion coordinator) in New York City to go fossil-hunting in New Jersey. It was exactly two years to the day since our first such trip. When we awoke at 3:45 A.M. it was pouring, so I suggested that we go later. But Carl wouldn't hear of it. Fortunately, by the time we arrived at our site—a [illegible] dig—the rain had stopped. Carl found something. He scooped up an old coffee can with his shovel and said, "I think there's something in here. Why don't you sift through it?" As I dumped out the sediment, a tiny glass vial appeared. Carl knelt beside me and asked me to marry him. I opened the vial, and along with a garnet ring (our birthstone) was a poem he'd written that described how our relationship had changed over time. Now, as we anticipate our wedding, we return to that fossil-digging spot often.

—Fiona Brady, 38, Brooklyn, New York

BUSTED!

On our first date, in August 1996, David and I attended a concert in Fort Hunt Park, in Alexandria, Virginia. As we sat on a blanket listening to swing music, romance was in the air. We knew we were off to a good start.

Fast-forward one year. David, who works for a cable network, informed me one night that we had to stop at his co-worker Heidi's house to drop off an important videotape. Heidi wasn't home, but there was a note on the door saying that she and her husband had gone for a walk in Fort Hunt Park. She asked us to find them there.



As we pulled into the parking lot, I remarked that we'd had our first date there just a year ago. This time, though, it was ten P.M. Noticing signs that said "Closed at Dark" and "No Trespassing," I refused to get out of the car. "There's no one here, and we'll get busted by the park police," I said. But David insisted on finding Heidi, so I finally relented.

We didn't go far before we stumbled upon a blanket with a dozen roses, candles and a bottle of champagne. I was stunned. David dropped to his knee, pulled out a ring, and proclaimed that he wanted to spend the rest of his life with me. As we giddily drank champagne, we were suddenly interrupted by the glare of a flashlight. We were getting busted by the park police! The scowling officer demanded to know what we were doing. After we meekly told him we had just gotten engaged, the officer grinned. "Oh, I'm just giving you a hard time. Heidi sent me!"

David and I are eager to return to that magical park as husband and wife. In the daylight, of course!

—Julie Almacy, 28, Alexandria, Virginia

PHOTO: STEVE HISCHARD, BLUE CRAYON/GETTY IMAGES

When allergies are a nightmare...

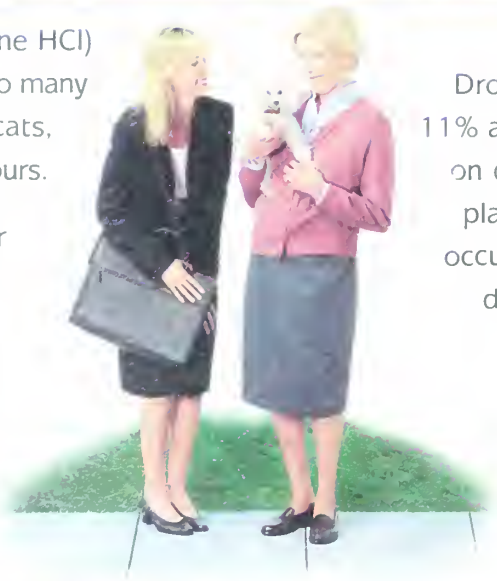


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Zyrtec studies, side effects ere mild or moderate including owsiness, fatigue and dry outh in adults and drowsiness, eadache, sore throat and stomach pain in children. Drowsiness occurred in between 11% and 14% in adults, depending on dose, compared to 6% taking placebo. In children, drowsiness occurred in between 2% and 4%, depending on dose, compared to 1% taking placebo.



*Relief seen in 60 minutes in studies in an artificially controlled pollen environment.

Reference: 1. Data on file. Pfizer Inc, New York, NY.

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25 and 135 mg/kg
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reported du ing therapy with ZYRTEC were mild or moderate
reactions in patients receiving ZyrTEC 5 or 10 mg was n
common adverse reactions in patients aged 12 years and
incidence of somno ence associated with ZYRTEC was dose related
somnolence for ZYRTEC were
adverse reactions. The
with more than 900 treated with ZYRTEC at
States and that were more common with ZYRTEC than
Table 1. Adverse Experiences Reported in Patients Aged 12 Years and Older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence) ZYRTEC (N=2034) Placebo (N=1612) respectively
Somnolence (13.7 vs 6.3) Fatigue (4.9 vs 2.6) Dry Mouth (5.0 vs 3) Pharyngitis (2.0 vs 1.9) Dizziness (2.0 vs 1.2). In addition headache and nausea occurred in more than 2% of the patients, but were more common on placebo patients. Pediatric studies were also included with ZYRTE More than 1300 pediatric patients aged 6 t 11 years,
pediatric patients aged 2 t 5 years who received cetirizine the majority of whom received single daily dose of 5 mg. The majority of adverse
reactions reported in pediatric patients aged 2 t 11 years with ZYRTEC were mild or moderate. In placebo controlled trial the incidence of
discont uations due to adverse reac
on placebo). Table 2 sts adverse experien s which were reported for ZYRTE
controlled clinical trials in the United States and were more common with ZYRTEC than placebo. Of these, abdominal pain was considered
treatment-related and somnolence appeared t be dose-related. 3% in placeb 9% at 5 mg and 4 3% at 10 mg. The adverse experiences
reported in pediatric patients aged 2 to 5 years in placebo-c trials were qualitatively similar in nature and generally similar in frequency
to those reported in trials with children aged 6 to 11 years.
Table 2. Adverse Experiences Reported in Pediatric Patients Aged 6 to 11 Years in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg Dose) Which Occurred at a Frequency of ≥ 2% in Either the 5-mg or the 10-mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs placebo (N=309):
11 pharyngitis (6.2% 5 mg 2.8% 10 mg
4.4% 10 mg 3.9% placebo)
4.2% placebo taxi 3.7% 5 mg, 1.9%
1.9% placebo 3.1% 1.4% 2.8% 1% mg, 1.9%, placebo),
1 year
adult pat including an open adult study of
Autonomic
Nervous System:
Cardiovascular
Central and Peripheral Nervous Systems:
dysphonia, hyperesthesia,
tremor, twitching, vertigo,
Gastrointestinal
dyspepsia, eructation, flatulence,
rectal
Genitourinary:
dysmenorrhea
Hearing and Vestibular
Metabolic/Nutritional:
Musculoskeletal:
Psychiatric:
anxiety, decreased libido,
depression
impaired
Respiratory System:
dyspnea
pharyngitis, sinusitis, upper
respiratory disorder, rhinitis, epistaxis
Reproductive:
breast pain
menorrhagia, vaginitis
Reticuloendothelial:
Skin:
dermatitis, dry skin, eczema, erythema,
Special Senses:
Vision
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Up Where We Belong



Paul and I had been discussing marriage, but I wanted to be sure he was The One. So I decided that if he popped the question, I'd ask him a few of my own. Meanwhile, Paul told me he felt pressured and needed a break from marriage talk. I was disappointed, but I still dreamed of a romantic proposal in a hot-air balloon.

On my twenty-fifth birthday, Paul surprised me with a balloon flight at sunset. While floating above the coastline of Del Mar, California, Paul congratulated the couple riding with us on their twenty-first anniversary. He said he hoped we'd make it to our twenty-first one day. I was annoyed, because I thought marriage talk had been banned! The couple asked how long we'd been married. Said Paul, "We're not married yet, but I'm hoping she'll accept this ring." I glanced over and there it was, refracting the sunset from its velvet nest. I was speechless.

I didn't ask Paul any of the questions I had planned to. That balloon ride was the best confirmation of his love I could have hoped for. —Carol Anschuetz, 33, San Diego, California

reel **love**

On October 1997, John took me to Winterset, Iowa, where our favorite movie, *The Bridges of Madison County*, had been filmed. The day after we arrived, John said he had to run out to pick up something. A few minutes later, I heard a knock on the hotel-room door. The woman standing there handed me a card. John had written: "This person has been hired by me to take you on your own covered bridges adventure." Sure enough, a horse and buggy was waiting!

The card instructed me to go to the Northside Café, which had been featured in the movie, and ask the cashier for my next clue. Along with each note, John gave me a meaningful gift. One was the movie soundtrack; another was a photograph of the Roseman Bridge, the place where the main characters fell in love. The notes led to six different locations. All the while, I wondered where John was.

My final stop was the Roseman Bridge, which had an envelope tacked to its side—just as in the movie. The note, which was accompanied by a picture of me and my children, said, "This is your last clue . . . the photo represents what's important to both of us." I began crying, and suddenly John appeared. As he popped the question, bystanders on the bridge were clapping and cheering. —Patty Stahlman, 35, Ellisville, Missouri

ARADISE FOUND

n the morning of July 2, 1998, son dropped me off at work d handed me an envelope. I ought it was one of those heer up" cards that he often ve me; that day, I was stressed t about a meeting at work. But e note, which I wasn't supposed open until after my meeting is over, instructed me to cancel r weekend plans (we were go- g to visit my best friend in New leans). It explained that more ues would follow when I got me from work.

Indeed, at the end of the day, found three notes hanging on y bathroom mirror. The first ld me to pack for a weekend p to a tropical destination, the cond explained what types of othes to pack, and the third re- aled where my plane ticket for e next morning was hidden. I scovered that the ticket was for trip to Key West, Florida.

I suspected Jason was planning to propose, but I had no idea what was in store for me. When I arrived in Florida, there was a rental-car agent holding a sign with my name on it. He gave me an envelope, which contained an address and money for a cab ride.

The cab driver took me to a spa, where I luxuriated in a full day of treatments. When I was finished being pampered, I received another envelope with a hand-drawn map and more cab fare. This time, I was taken to a deserted beach.

By now, it was sunset, and I was nervous that I was late for meeting Jason. I walked to the end of the beach, and Jason popped out from behind a tree. He got down on his knees and proposed. He even had a sunbather take pictures of the scene!

Jennefer Traeger, 27,
Arlington, Virginia

A PROPOSAL SET IN STONE

During the summer of 1996, Atlanta, which was hosting the Olympic Games, was charged with extraordinary energy. On June 13, the opening day of Centennial Olympic Park, Ross and I celebrated with the crowds. Shortly after we arrived at the park, Ross bent down on one knee and pointed to a brick in the ground that read, "K[illegible]ll you marry me?" He had purchased the brick as a tribute to the Olympics—and our relationship. Several television crews nearby rushed over to get my response, an emphatic yes. We were interviewed by several reporters and were thrilled to see ourselves on TV. A year later we were married, and we visit our brick—a perfect symbol of our permanent union—whenever we get a chance.



—Kira Sue Sloop, 26,
Atlanta, Georgia



Would you know what to do if you got a dangerous bite? Read on to see how these three moms reacted—and what you need to know. By Kathryn Casey

BITTEN!



"Mom, I Think It Was A Rattler"

Her cell phone rang just after six, one evening last September. Valerie and Martin Fishgold, both investment managers, had met for dinner at a restaurant fifteen minutes away from their Scottsdale, Arizona, home.



The baby-sitter explained: Ten-year-old Kara ran into the house complaining of pain in her foot. The baby-sitter removed her sandals and saw nothing, then searched outside and couldn't find a snake.

Valerie figured that Kara might have stepped on a cactus needle, but she decided to go home.

In the car, Valerie called the [illegible] in the background, the [illegible] scream. "Mom, I really [illegible]"

[illegible]

Kara's foot below heart level, which would help keep any venom from spreading, and called 911.

Valerie pulled into the driveway fifteen minutes later. The venom was having its effect: Kara's foot had swollen and was turning a frightening blackish blue. Valerie redialed 911, urging them to come quickly.

Moments later, two ambulances arrived. As one crew hooked Kara to monitors and IVs, the other—with the help of Kara's six-year-old brother Asher—discovered a foot-long baby rattler. A baby rattlesnake's bite can be as dangerous as an adult's.

"We're going to airlift Kara to the hospital," a paramedic said.

Martin arrived just as the helicopter settled down in their backyard. Kara was rushed aboard on a stretcher.

"There's no room," the flight nurse told the Fishgolds. "Meet us there."

While Martin stayed behind to find someone to care for the other [illegible]. Valerie made the forty-five-[illegible]ve *(continued on page 62)*

all that slithers

SNAKE BITES

- **There were 5,715 snake bites reported in 1997 in the U.S.**
- **Venomous snakes found in the U.S. include rattlesnakes, copperheads, cottonmouths and coral snakes.**
- **A bite usually causes severe pain at the site, accompanied by swelling of the area, discoloration of the skin and blisters. Nausea, vomiting and a slight fever often occur. Danger signs are tingling, numbness in the face, fainting, breathlessness and blood in urine or vomit.**
- **If bitten, stay still and warm.**
- ***Do not* use ice on the bitten area, cut into the snake bite, or try to suck the venom out.**

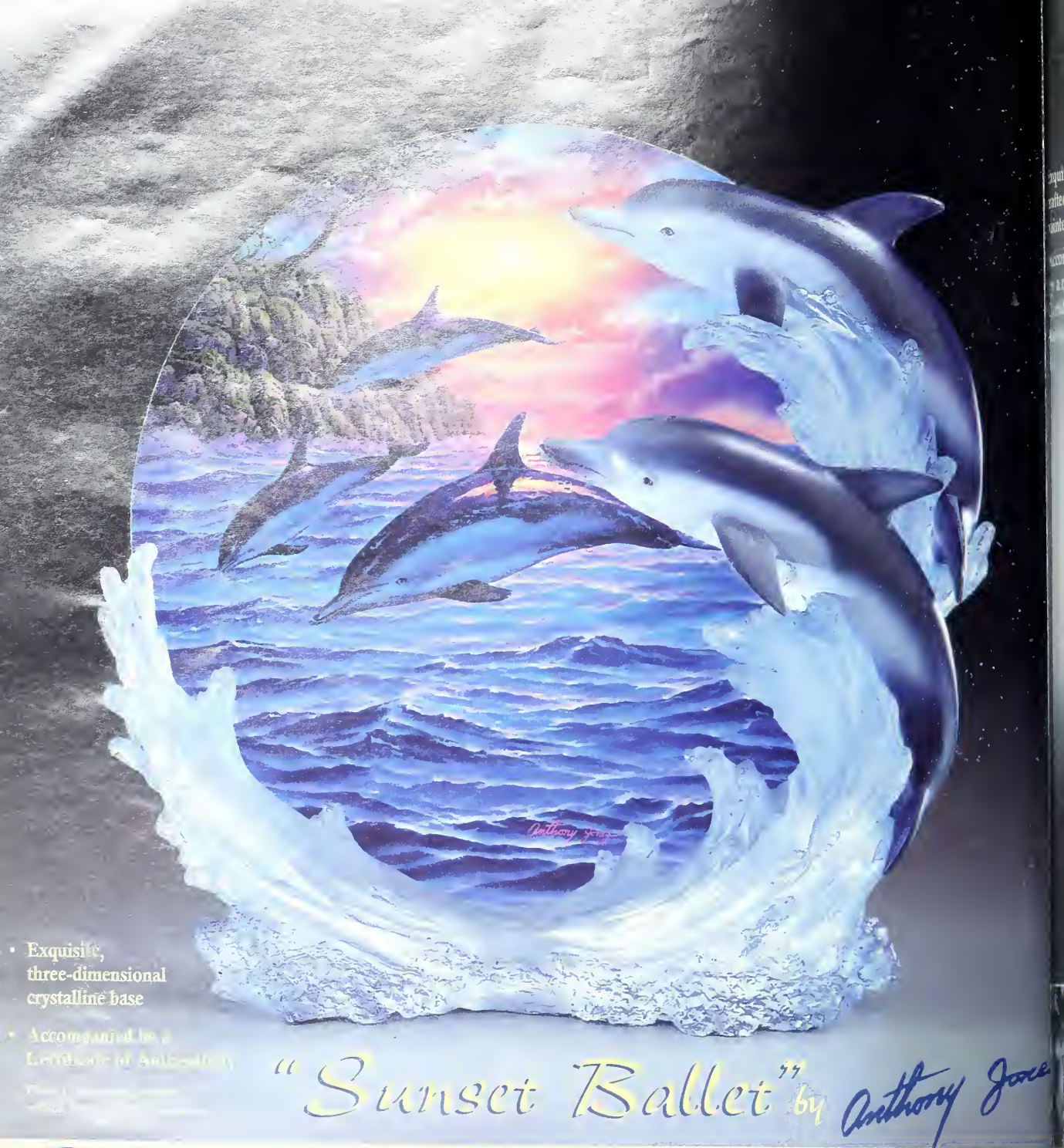
TO PREVENT SNAKE BITES

- **Stay out of tall grass unless you wear thick leather boots.**
- **Don't put hands or feet in places you can't see, such as under bushes.**
- **Be cautious when climbing rocks and gathering wood.**

—Christine Many

PHOTO, TOP: ZIGMUND LESZCZYNSKI/ANIMALS ANIMALS


See how beautiful
60 can look?
See how invisible
osteoporosis
can be?
fact is, if you're 60 or older, there's a
rly 1 in 2 chance you have osteoporosis,
matter how healthy you look on the outside.
ause early on, osteoporosis is a silent
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roken bones, or the disfiguring dowager's
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let you continue to lead an active,
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[illegible] Collection

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Midnight Serenade

From the *Realm of the Wolf* Plate Collection by Al Agnew

As a full moon shines over the river valley, a trio of majestic wolves looks to the heavens and pierces the night air with lonesome cries.

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...from page 6

...Phoenix's Good Samaritan Regional Medical Center.

When she arrived, one doctor quickly explained Kara's situation. "We don't always give the antivenin because it's made from horse serum and many patients can be allergic. Once they've taken it, all patients develop life-long allergies to horse-based

...product... [illegible] Medical... [illegible] ...Kara received a large dose of... We think she needs it."

The potential side effects of the treatment were frightening. The most dangerous: a severe allergic reaction that could lead to death. "We've done this before and we've never had serious problems," Gerkin said.

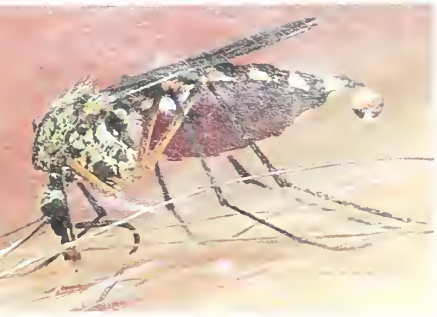
"Would you do it if she were your daughter?" Valerie asked.

"Yes," he said.

By the time Martin arrived, Kara's ICU room was abuzz with technicians and nurses readying equipment. As an IV slowly dripped antivenin, doctors and nurses hovered nearby, watching for heart-rhythm or breathing problems.

The minutes ticked *(continued)*

COUNTY OFFICIALS KNEW THERE WERE DANGEROUS MOSQUITOES IN THE AREA. SHOULD THEY HAVE ISSUED A WARNING?



diseases mosquitoes can carry

ARBOVIRUS ENCEPHALITIS

- About one hundred cases annually in the U.S.
- A variety of viruses spread by insect bites cause this brain infection.
- Usual first symptoms include headache, drowsiness and fever. Late-stage symptoms are confusion, trembling, paralysis and coma.
- Symptoms are treated while the infection runs its course.

DENGUE FEVER

- About 160 cases diagnosed in the U.S. annually (includes cases contracted abroad).
- Carrier mosquitoes were introduced to the southern U.S. in 1986 from Asia.
- Symptoms include fever, headache, severe muscle and joint pain, nausea, vomiting, a measles-like rash and hemorrhaging.

Symptoms are treated while the infection runs its course.

TO PREVENT MOSQUITO BITES

Wear protective clothing.

Use [illegible] containing DEET.

"She's Not Breathing"

It had been a wonderful family vacation for Stacy, four, and her big brother Justin, then nine, in Ocean City, New Jersey, in the summer of 1989. "We went every year," says Laurie Waring, a forty-six-year-old pediatric nurse from Cherry Hill, New Jersey.



The final morning of their stay, Stacy woke her parents complaining that she felt sick. Her temperature was 101 F. Laurie gave her daughter Tylenol, and they left for the one-hour ride home.

"Probably an ear infection," she thought. She did notice two large, pink mosquito bites on Stacy's back, but the youngster insisted they didn't even itch. At home that evening, Stacy was bright and alert. But at midnight, Laurie awoke to the sound of her daughter vomiting. Her temperature was 104.5 F.

"My head hurts," she cried.

Laurie gave her daughter more Tylenol and put her in a cool bath. Maybe it's a stomach flu, she thought. But Stacy's temperature dropped a degree only to shoot back up. When ice packs under her arms didn't work, the Warings bundled [illegible]y, woke Justin, and went to [illegible] hospital.

"I'm a nurse, and I didn't think it was an emergency," remembers Laurie, holding back tears.

After an initial examination, Stacy fell asleep. But when Laurie woke her at two A.M. to be examined, she was combative and disoriented.

"I was worried it was meningitis," Laurie says.

Doctors and nurses examined Stacy but found no answers. When Stacy began seizing, doctors thought it was a reaction to her high fever. Suggesting she might be better off at a larger hospital, they called an ambulance to transport her the next morning to Children's Hospital, in Philadelphia.

At seven A.M., Laurie noticed brown secretions dripping from Stacy's nose.

"She's not breathing!" she screamed.

As doctors worked on Stacy, Laurie kicked the waiting-room walls.

Finally the doctors emerged. Stacy's heart was beating and she was breathing with the aid of a respirator, they said. She was in an ambulance, on her way to Philadelphia.

Justin went home with a friend, and the Warings drove to Children's Hospital. Stacy, attached to the respirator, lay *(continued)*

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more comfortable. The [illegible] her foot stopped and [illegible] quietly to sleep.

"[illegible] now," Gerkin assured the Fishgolds.

Kara returned home the following afternoon, using crutches, her foot still extremely sore and swollen. But her trials weren't over. A week later, Kara developed serum sickness, a fairly common reaction to the antivenin. Her body broke out in a patchy rash, and she suffered severe pain in her joints. Steroids used to treat it caused her to have frightening hallucinations and her body to swell.

"The reaction to the antivenin was nearly as awful as the bite," recalls Valerie.

Two weeks after she was bitten, Kara returned to school. It took months for the swelling to go down and the pain to abate. At first, when her friends and teachers asked, she wouldn't talk about that night. Later she finally began to, and even gave a presentation on snake bites at school. She has seen a counselor to work through the trauma.

For her part, Valerie has cleared away the bushes surrounding their house so there are fewer places for snakes to hide. The Fishgolds now wear closed shoes outside.

Yet she worries about the summer, when snakes are most active. "I look at the area north of us where they're building houses and I wonder if they're dislodging snakes from their nests," she says. "When you disturb natural environments, snakes find other places to go."

"SHE'S NOT BREATHING"

Continued

motionless in her hospital bed.

"I pulled back her eyelids," says Laurie, "and I could see she was gone." A few minutes later, doctors confirmed that their daughter was brain-dead.

"Does she have any mosquito bites?" one doctor asked.

It was then Laurie first heard the diagnosis: encephalitis. A virus carried by birds and transmitted by mosquitoes, encephalitis causes inflammation of the brain and is most dangerous for small children and the elderly. There's currently no cure. Of the four main types of mosquito-borne encephalitis in the United States, Eastern Equine Encephalitis (EEE) is the most deadly. That's what doctors think Stacy had contracted.

Doctors tested Stacy repeatedly over the next twenty-four hours, looking for signs of brain activity. They found none. Two mornings after she first became ill, they told the Warings they should disconnect life support.

After Justin and Stacy's grandparents were brought in to say good-[illegible] removed the respirator. [illegible] d her daughter, with [illegible] Russell at her side, singing "Happy Birthday." Half an hour later, Stacy stopped breathing.

Stacy was buried two days later on what would have been her fifth birthday.

After the ordeal, Russell and Laurie researched encephalitis. Their investigation led them to Wayne Crans, Ph.D., director of the mosquito research and control program at Rutgers University, in New Brunswick, New Jersey, whose office had found an exceptionally high concentration of EEE on the Jersey Shore that summer and issued an alert to county agencies.

The agencies do take steps to control the mosquitoes that transmit the virus to humans, says Crans. But the health department will not issue a public warning unless there is a confirmed case in a human or a horse.

More can be done, says Russell. At Walt Disney World, for example, whenever the risk is considered high the park has closed at night (when mosquitoes are most active).

A decade after their daughter's death, the Warings insist things could have been different. "If we had been warned about the danger, we would have taken more precautions to prevent bites," says Laurie.

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BITES FROM BLACK-WIDOW SPIDERS ARE OFTEN MISDIAGNOSED AS APPENDICITIS



The Case Of The Black Widow

"That's a black widow," the science teacher said.

A stunned Lisa Gerteisen, a thirty-seven-year-old bookkeeper from Philpot, Kentucky, peered inside the jar at the shiny black spider. A little more than an hour earlier, it had bitten the oldest of her four children, Jacob, twelve, in the arm.

"A black widow?" she asked, just as her son walked into the classroom.



"Mom, I don't feel good," Jacob said. "My back's cramping up."

Minutes later, Lisa and Jacob were speeding toward the closest emergency room, Owensboro Mercy Health Center, twenty-five miles away.

"It hurts, Momma," Jacob cried, as cramps seized the muscles in his back and abdomen, shooting waves of pain through his body.

It all had begun at quarter to six that January morning, when Jacob suddenly burst into his parents' room.

"It feels like someone is squeezing my arm," he complained.

Lisa discovered a welt on the inside of Jacob's upper left arm. "We thought it was a spider bite and maybe he'd be sore or have an upset stomach," says Lisa. As Jacob dressed for school, he discovered the culprit, a black spider with a red hourglass on its abdomen. Lisa scooped it into a jar and took it to Jacob's science teacher for identification.

By the time Jacob and Lisa reached the Mercy Health Center emergency room, Jacob was screaming in agony, but he was lucky—since [illegible] spider, doctors didn't have [illegible] excruciating [illegible] an [illegible]

[illegible] director of the American Association of Poison Control Centers.

Nurses rushed Jacob into an examining room, and Barney Elliott, M.D., administered Robaxin and Valium, both muscle relaxants, since black-widow venom works by attacking major muscle groups.

From Jacob's condition, "I knew he'd gotten a heavy dose," says Elliott, who, in his thirty-eight years as a physician, has treated only four such bites.

Elliott hesitated to give black-widow antivenin to Jacob because, like the antivenin for snake bites, it's made from horse serum, which can cause severe allergic reactions.

But Jacob's body continued to seize in painful cramps.

"Momma, I don't want to die," he said, as Lisa comforted him.

"We're going to try calcium gluconate, another muscle relaxant," Elliott explained. "If that doesn't work, we're going to have to give the antivenin."

On very rare occasions, a black-widow bite can prove deadly, usually in small children or the elderly.

Jacob was lucky again—the calcium gluconate worked. Three hours after admittance, he was transferred to a hospital room and given morphine to ease the pain. Two days later, he was discharged, still sore in his knees and ankles, but happy to be going home.

Since then, Jacob has continued to improve. The soreness and muscle aches have disappeared. At first he was reluctant to sleep in his bed, fearing he'd be bitten again, but after Lisa thoroughly cleaned the room he no longer worried.

And the whole family learned a lesson. "We think one of the boys brought in the spider on his clothes," Lisa says. Now they check their clothing before coming inside.

As for the black widow, it died the day Jacob left the hospital. ●

Kathryn Casey is a contributing editor to Ladies' Home Journal.

itsy bitsy spiders

BROWN RECLUSE SPIDER

- **A half-inch spider with a dark violin-shaped spot on its back. Its venom is toxic; bites when disturbed.**
- **There were about two thousand bites reported in 1997; many more may have been misdiagnosed.**
- **Symptoms include swelling and pain. Fever, soreness and a blister develop later, followed by a lesion.**
- **Ice packs slow the spread of venom. Cortisone shots can soothe.**

BLACK WIDOW SPIDER

- **A small, shiny black spider with a red hourglass mark on its belly. Bites when disturbed; its venom is toxic.**
- **There were about 2,700 bites reported in 1997; many more may have been misdiagnosed.**
- **Symptoms include pain at the site that spreads to the muscles. Abdominal cramps, rapid heart rate, nausea, labored breathing.**
- **Ice packs slow the spread of venom. Antivenin can counter the toxicity.**

TO PREVENT SPIDER BITES

- **Sweep often under beds and in closets and garages to get rid of spider webs.**
- **At campsites and rustic cabins, shake out sheets before going to sleep.**

—C.M.

If you care about breast cancer, care more about being a 1.7 than a 36B.



Know your breast cancer risk assessment number.

Know that NOLVADEX (tamoxifen citrate) could reduce your chances of getting breast cancer if you are at high risk.

This new risk assessment test is a simple set of questions your doctor will ask you. The results will give you a number that estimates your chances of developing breast cancer over the next 5 years. A score of 1.7 or above is considered high risk. Most likely you won't be at high risk, but you owe it to yourself to find out.

Knowing your number gives you power, and knowing about Nolvadex should give you hope. Because even if you are at high risk, Nolvadex has now been proven to significantly reduce the incidence of breast cancer in women at high risk.

The proof? In a landmark study of women 35 years or older and at high risk of breast cancer, women who took Nolvadex had fewer breast cancers than women taking sugar pills. Nolvadex decreases but does not eliminate the risk of breast cancer, and did not show an increase in survival.

Nolvadex is not for every woman at high risk. In the study, women taking Nolvadex were 2 to 3 times more likely to develop uterine cancer or blood clots in the lung and legs, although each of these occurred in less than 1% of women. Women with a history of blood clots should not take Nolvadex. Stroke, cataracts, and cataract surgery were more common with Nolvadex. Most women experienced some level of hot flashes and vaginal discharge. **Pregnant women or women planning to become pregnant should not take Nolvadex.** You and your doctor must carefully discuss whether the potential benefit of Nolvadex will outweigh these potential side effects.

Call your doctor and ask for your Breast Cancer Risk Assessment test. For a free video, call 1 800 898-8423 to learn more about Nolvadex and the Breast Cancer Risk Assessment test.

TABLETS

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NOLVADEX

Patient Information about
NOLVADEX (tamoxifen citrate) Tablets

(Nol-va-dex)

for Breast Cancer Treatment and Reduction

Generic name: Tamoxifen Citrate-MOX

NOLVADEX is a prescription medicine. Your health care professional can provide information about this medicine. You should talk with him or her before you begin taking NOLVADEX and during your checkups. In addition, the professional package insert contains more detailed information about NOLVADEX.

WHAT ARE THE MOST IMPORTANT THINGS I SHOULD KNOW ABOUT NOLVADEX?

NOLVADEX has been shown to help women with breast cancer and in clinical trials of over 30,000 women with early breast cancer it has been shown to reduce the risk of recurrence. Also, a trial of 13,000 women at high risk of breast cancer, NOLVADEX reduced the risk of developing the disease.

Like all medicines, NOLVADEX has some side effects. Most are mild and relate to its hormonal mode of action. NOLVADEX can increase the risk of some serious and potentially life-threatening conditions including uterine cancer, blood clots, and stroke. It can also increase the risk of getting cataracts or of needing cataract surgery.

If you experience symptoms of any of these, tell your doctor **immediately** (see "What should I avoid or do while taking NOLVADEX?"). You and your doctor must carefully discuss your personal medical conditions, history, and preferences to decide whether the good NOLVADEX may do for you outweighs its potential risks. If you and your doctor decide that NOLVADEX therapy is right for you, you should look for symptoms indicating you might be experiencing one of the known risks with NOLVADEX.

WHAT IS NOLVADEX?

- NOLVADEX is a prescription medicine used to reduce the risk of getting breast cancer in women who have a high risk of getting breast cancer.
- NOLVADEX is used to treat advanced breast cancer in women and men.
- NOLVADEX is used to reduce the recurrence of breast cancer in women who have had surgery and or radiation therapy to treat early breast cancer. NOLVADEX is also used in women with breast cancer who are at risk of developing a second breast cancer in the opposite breast.

HOW DOES NOLVADEX WORK?

NOLVADEX belongs to a group of medicines called anti-estrogens. Anti-estrogens work by blocking the effects of the hormone estrogen in the body. Estrogen may cause the growth of some types of breast tumors. NOLVADEX may block the growth of tumors that respond to estrogen.

WHO SHOULD NOT TAKE NOLVADEX?

- You should not take NOLVADEX to reduce the risk of getting breast cancer if you have ever had blood clots or if you develop blood clots that require medical treatment. However, if you are taking NOLVADEX for treatment of early or advanced breast cancer, the benefits of NOLVADEX may outweigh the risks associated with developing new blood clots. Your health care professional can assist you in deciding whether NOLVADEX is right for you.
- You should not take NOLVADEX if you are taking medicines [illegible] blood clotting, such as warfarin [illegible].
- [illegible]

NOLVADEX

[illegible] cancer [illegible] CA1 or [illegible]

[illegible] the chance of [illegible] because [illegible]

[illegible] the risk of breast [illegible] developing breast cancer [illegible] and it is possible [illegible]. Breast cancer risk [illegible] risk of breast cancer [illegible] to your health care [illegible] your risks with your health [illegible]

- [illegible] NOLVADEX because treatment for [illegible] not been adequately studied.

HOW SHOULD I TAKE NOLVADEX?

- You will take NOLVADEX differently, depending on your diagnosis.

For treatment of breast cancer in adult women and men, the usual dose is 20-40 mg a day. Take the tablets once or twice a day, depending on the tablet strength prescribed. If your doctor has prescribed a different dose, do not change it unless he or she tells you to do so. For women with early breast cancer, NOLVADEX should be taken for 5 years. For women with advanced cancer, NOLVADEX should be taken until your doctor feels it is no longer indicated.

For reduction of the risk of breast cancer, the usual dose is 20 mg a day, for five years.

- Do not stop taking your tablets unless your doctor tells you to do so.

ARE THERE OTHER IMPORTANT FACTORS TO CONSIDER BEFORE TAKING NOLVADEX?

- Tell your doctor if you have ever had blood clots that required medical treatment.
- Because NOLVADEX may affect how other medicines work, always tell your doctor if you are taking any other prescription or non-prescription (over the-counter) medications, particularly if you are taking warfarin to thin your blood.

WHAT SHOULD I DO WHILE TAKING NOLVADEX?

- If you see a health care professional who is new to you (an emergency room doctor, another doctor in the practice), tell him or her that you take NOLVADEX.
- If you are taking NOLVADEX to reduce your risk of getting breast cancer, you should know that NOLVADEX does not prevent all breast cancers. While you are taking NOLVADEX and in keeping with your doctor's recommendation, you should have annual gynecological checkups which should include breast exams and mammograms. If breast cancer occurs, there is no guarantee that it will be detected at an early stage. This is why it is important to continue with regular checkups.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NOLVADEX?

The most common side effects reported with NOLVADEX are hot flashes, vaginal discharge or bleeding, and menstrual irregularities (these side effects may be mild or may be a sign of a more serious side effect). Women may experience hair loss or skin rashes, however hair loss is uncommon and is usually mild.

A rare but serious side effect of NOLVADEX is a blood clot in the veins. Blood clots stop the flow of blood and can cause serious medical problems, disability or death. Women who take NOLVADEX are at increased risk for developing blood clots in the lungs and legs. Some women may develop more than one blood clot, even if NOLVADEX is stopped. Women may also have complications from treating the clot, such as bleeding from thinning the blood too much. Symptoms of a blood clot in the lungs may include sudden chest pain, shortness of breath or coughing up blood. Symptoms of a blood clot in the legs are pain or swelling in the calves. A blood clot in the legs may move to the lungs. If you experience any of these symptoms of a blood clot, contact your doctor immediately.

NOLVADEX increases the chance of having a stroke, which can [illegible] medical problems, disability or death. If you [illegible] symptoms of stroke, such as weakness, difficulty talking or numbness, contact your doctor [illegible]

[illegible] the chance of changes occurring in the [illegible] endometrium, which can be serious [illegible]. If you have not had a [illegible] important for you [illegible] experience any [illegible]

NOLVADEX (tamoxifen citrate) Tablets

unusual vaginal discharge, vaginal bleeding, or menstrual irregularities, or pain or pressure in the pelvis (lower stomach). These may be caused by changes to the lining of your uterus (endometrium). It is important to bring them to your doctor's attention without delay as they can occasionally indicate the start of something more serious, and could include cancer of the uterus or other changes to the uterus.

NOLVADEX may cause cataracts or changes to parts of the eye known as the cornea or retina. NOLVADEX can increase the chance of needing cataract surgery, and can cause blood clots in the veins of the eye. NOLVADEX can result in difficulty in distinguishing different colors. If you experience any changes in your vision, tell your doctor immediately.

Rare side effects, which may be serious, include certain liver problems such as jaundice (which may be seen as yellowing of the whites of the eyes).

If you are a woman receiving NOLVADEX for treatment of advanced breast cancer, and you experience excessive nausea, vomiting or thirst, tell your doctor immediately. This may mean that there are changes in the amount of calcium in your blood (hypercalcemia). Your doctor will evaluate this.

In patients with breast cancer, a temporary increase in the size of the tumor may occur and sometimes results in muscle aches/bone pain and skin redness. This condition may occur shortly after starting NOLVADEX and may be associated with a good response to treatment.

Many of these side effects happen only rarely. However, you should contact your doctor if you think you have any of these or any other problems with your NOLVADEX. Some side effects of NOLVADEX may become apparent soon after starting the drug, but others may first appear at any time during therapy.

This summary does not include all possible side effects with NOLVADEX. It is important to talk to your health care professional about possible side effects. If you want to read more, ask your doctor or pharmacist to give you the professional labeling.

Keep NOLVADEX in its original prescription container and out of the reach of children.

Do not take your tablets after the expiration date on the container. Be sure that any discarded tablets are out of the reach of children.

This leaflet provides you with a summary of information about NOLVADEX. Medicines are sometimes prescribed for uses other than those listed. NOLVADEX has been prescribed specifically for you by your doctor. Do not give your medicine to anyone else, even if they have a similar condition, because it may harm them.

If you have any questions or concerns, contact your doctor or pharmacist. Your pharmacist also has a longer leaflet about NOLVADEX written for health care professionals that you can ask to read. For more information about NOLVADEX or breast cancer, call 1-800-34 LIFE 4.

Rev T 01/99

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Food Fight!

Chips, candy, cola, cookies—the enemy is everywhere. And getting my kids to eat what's good for them demands psychological warfare By Melinda Marshall

Three years ago, I found religion. The holistic health disciples converted me into someone who believed food should be nourishment for the body and medicine for the soul. I spread this gospel with zeal. I preached the you-are-what-you-eat sermon to any and everyone. I wanted to lead my children, not into temptation, but away from processed foods. I wanted to deliver my husband from the evil of cholesterol.

It was the beginning of our Holy War. It consisted of me, on a crusade to give my husband and three children the grail of health, and my husband and children, hell-bent on resisting my advances.

A few clips from recent battles:

Scene: the kitchen table, around six P.M. on any weekday. Seated at the table are Chase, my nine-year-old; Kathryn, his seven-year-old aide-de-camp; and Ian, just four, but wise to the conflict.

Kathryn (probing pasta with a fork): *Ewwwwww*! Green things!

Chase (wailing): *Moomm*! I wanted butter, not tomato sauce! I hate tomato sauce! Hey—what are these . . . *pieces* in it?

Ian: Mom, I want the squeeze cheese.

Kathryn (snickering, to Chase): They're boogers.

Weary Father (from the other end): Young ladies, that's enough!

Or. . . .

Scene: the kitchen, around 12:45 P.M. on a weekend. Husband is fixing his lunch.

Husband (rifling contents of meat drawer in fridge): What is this?

Wheedling Wife: Try it. It's not bad. No fat, no cholesterol. . . .

Husband: No, *what* is it? Vegetable matter? Some soy thing?

Wheedling Wife: I thought it'd be a nice change from tuna.

Husband: Can't we just have *normal* lunch meats around here? Can't we have, like, ham? Geez, what is there to *eat* around here?

It's not just me, not just my household. We're not the only ones skirmishing over food, although other households may be fighting different wars. Plenty of women I know are engaged in the Battle of the Bulge, every bit as desperate as I am to keep the Pringles and Rice Krispies Treats out of the house. Land mines—cookies, ice cream, chips, soda pop, baked goods—are everywhere. The enemy has infiltrated the house. With the full cooperation of the rest of the family.



And for the main course . . . my children's ideal dinner

Like me, these women feel they can't win. It's a society-wide conspiracy we're fighting, not just a few pints of Häagen-Dazs on the home front. You go to the supermarket to pick up some diet Coke and right next to the soda is half an aisle of candy by the pound. You stop at a deli for coffee on the way to work and have to hover over a *(continued)*



MELANIE GRIFFITH & ALEXANDER, STELLA AND DAKOTA
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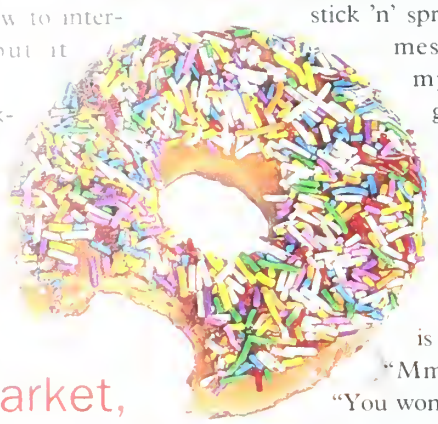
countertop completely covered in softball-size muffins and pancake-size cookies. You can't so much as drive down a highway without having to run a gauntlet of fried-food franchises, each with drive-in windows to make gratification that much more instantaneous.

I don't see how my children are going to resist these endless temptations when most adults can't summon the willpower. Every time we check out of the supermarket, the kids wind up flanked on one side by the cashier and on the other by a six-foot-high rack of gum and candy. I'm sure most moms feel, as I do, a spike in blood pressure, anticipating the inevitable volley of "*Pleeeze* can we have some M&M's?"

I blame television for this sorry state of affairs. (It is the last thing in America we can all safely despise.) Hit the mute button any weekday afternoon during a station break, and you'll see what I mean: a relentless stream of images of candy, chocolate, cookies, pizza, ribs and ice cream. All of them are directed at you, tricking you into believing that being a good mother means serving up chocolate-chip caramel-fudge brownie bars to your kids and their friends every afternoon after school. If somehow you manage to fend off this attack on your id, you can be sure your kids won't. Tune in some Saturday morning to cartoons. The ads that crop up every three minutes plug food products that bear no resemblance to food. (What does a turquoise sheet of stickum imprinted with aliens have to do with fruit, for heaven's sake?)

Food wasn't always grounds for hostility, I feel sure. Eating, like parenting, was a matter of instinct. [illegible] meals because they [illegible] everybody. The kids [illegible] that was put on front [illegible] and [illegible] nuggets. But when [illegible] became a [illegible] action. [illegible] a sudden, [illegible] like self-[illegible] everyone [illegible] organic chemistry sub-[illegible] and phyto-[illegible]. We knew the lingo, but didn't have a clue how to interpret it and put it into practice.

Take spanking. Everyone learned it was bad bad for self-esteem, very un-P.C.



In my supermarket, the aisle devoted to Bad Food has actually expanded

Did parents stop paddling bottoms? No, but they definitely stopped admitting it. Likewise with those bags of puffed doodles, the ones that look like orange styrofoam: Did anyone stop eating them after glancing at their Nutrition Facts? No way. In my supermarket, the aisle devoted to Bad Food has actually expanded.

Something my husband does that make my arteries constrict: He'll fix everybody bowls of oat bran for breakfast, then fix himself a plate of cinnamon buns. "Breakfast of champions!" he jokes. Understandably, our three children quickly lose interest in their bowls of cold cereal. "Why can't we have what Dad is having?" they whine.

Watching their parents consistently demonstrate opposite poles of the eating spectrum, my kids are now perfectly schizoid in their eating habits. Kathryn, for instance, lives on the Orange Food Group: peanut-[illegible] cheez crackers, macaroni [illegible] cheez Ritz Bits, and [illegible] nuggets. But she also adores salmon and broccoli. Her siblings are just as conflicted.

Winning them to my side has made me frightfully devious. There's the forbidden-fruit mind game, a ploy I've used with stunning success. It's how I got Chase to love brussels sprouts and Ian to like beets. I'll serve them some foul Kiddie TV dinner, some fish stick 'n' sprinkles microwaveable mess, and then I'll fix myself a plateful of grown-up food.

"Mmmm. Gosh that's good," I'll murmur, mostly to myself. It takes only a couple of bites before Kathryn is pleading for a taste. "Mmmm—no," I say. "You won't like it."

Pleeeeze, she whines.

"I'm telling you, honey, you won't like this," I say. "You'll only waste it."

I won't! she cries. *I promise!*

"*No*," I say, pretty forcefully. A second goes by. Then another. Then I relent. "All right. Just a taste. Just *one* bite."

"MMMmmm!!" says Kathryn, her eyes widening to prove to me I was wrong, she really does like it.

It's come to this: I have to manipulate a seven-year-old into thinking she's manipulating me so I can manipulate her into eating what I want her to eat.

I should feel more gratified about these small victories than I do. If truth be told, I find it rather sad that food should be any kind of battleground. I wasn't fed this nutritional dogma as a child. I wish we could all go back to that time of innocence, when food was good clean fun.

But that's just it: We can't. We know too much. So we have to fight, we have to fight for what will nourish body and soul. We are the righteous!

And we are the damned. ●

Melinda Marshall is a contributing editor to Ladies' Home Journal.

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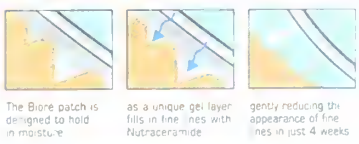
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READ MY LIPS

It's not just your eyes that are the window to your soul, says a face reading expert. It's also your nose, ears and mouth. Here's what these celebrities' faces reveal. By Judith Snowdon



RITA WILSON & TOM HANKS

In the World According to Rosetree, each section of the face reflects a different aspect of one's personality. For Hanks and Wilson, the area between their noses and chins is longest. That signals they're down-to-earth and share a salty sense of humor.

Hanks has "indrawn" lips—lacking in puffiness—meaning he's a natural introvert. Wilson's gum-revealing smile is a sign of emotional generosity. When it comes to friendship, the couple is cautious, as indicated by their straight eyelids. "But once you're their friend, you're their friend for life," says Rosetree. "A great sense of humor, loyalty and sexiness keep Hanks and Wilson bonded."

Wondering whether Bill and Hillary Clinton will stay together? Check out their eyebrows. This, at least, is the belief of Rose Rosetree, an expert on "face reading," an ancient Chinese practice based on the notion that facial features reveal a person's character. Face reading can also be used to judge a couple's compatibility, says Rosetree, author of *The Power of Face Reading* (Women's Intuition Worldwide, 1998). With this in mind, LHJ asked Rosetree to size up seven celebrity couples. Who are the lovebirds and who have divorce court looming on the horizon? Could the nose really know?



STEDMAN GRAHAM & OPRAH WINFREY

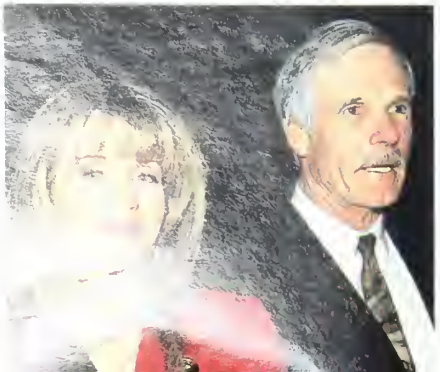
These two are a study in how opposites attract, says Rosetree. Both Winfrey and Graham have one up-angled eye, which signals an optimistic outlook. Graham's is on the right side of his face, which refers to career; hers is on the left, which reflects relationships. Meaning? "He's positive in matters of career, and she's upbeat about their life together," says Rosetree.

The couple's most extreme difference? Their lips. Winfrey's are full, indicating that she delights in talking about herself. He has a relatively small upper lip, meaning he's a private person.

Whatever their differences, the relationship seems to work. "I think they'll be together a long time," Rosetree says.

JANE FONDA & TED TURNER

"She's very attached to him," notes Rosetree. Both's large eyelids [illegible] on at least one [illegible] that's too hard [illegible] eyelids [illegible]



even loved ones. "He may find it difficult to meet her expectations for closeness," says Rosetree.

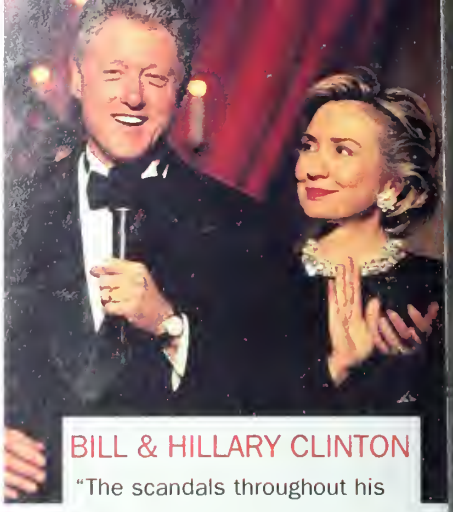
To understand what keeps them together, look at Fonda's chiseled overlip and Turner's dimpled chin. Both reveal major sex appeal. "They're still attracted to each other," observes Rosetree.





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BILL & HILLARY CLINTON

"The scandals throughout his presidency have bonded them," says Rosetree. Prior to 1992, both had curved lower eyelids, revealing an openness to meeting people. Today their eyelids are straight, meaning they're reluctant to welcome new acquaintances into their lives.

Those who wonder how Hillary has managed to get through this humiliating time intact should check out her cheeks. The greatest fullness is near the bottom of her nose, indicating an ability to allow people close to her to make mistakes and still receive her love. What keeps the Clintons together, Rosetree says, is their up-angled eyebrows, which reflect their intellectual strengths and political interests.



ELIZABETH & BOB DOLE

They're a "till-death-do-us-part" kind of couple, observes Rosetree. Both have wide jaws, which reveal their commitment to anything they hold dear, be it their marriage, their ideals, or their desire to test-drive a bottle of Viagra in the Lincoln bedroom.

The Doles also have noses that are narrow at the bridge and wide at the bottom. "This means they prefer to initiate projects themselves," says Rosetree. "But once a project gets off the ground, the Doles are good at working with others."

And the fact that the longest part of their faces is between their eyebrows and the tips of their noses means that ambition is a major life priority for both of them.

"They also have dimples, which means they will be gracious in their power," adds Rosetree. "Bob Dole would be delighted to be First Gentleman. As long as he gets to the White House, he'll be happy."



ANNETTE BENING & WARREN BEATTY

Both have eyebrows set close to their eyes, which reflects their preference for spontaneity. But their lips reveal different communication styles. He has "blarney lips"—a thin top lip and a fuller bottom lip creating [illegible] persuasive. As Rosetree puts it, "Warren Beatty could sell ice to Eskimos." Bening's evenly balanced lips say she's perceptive. He provides the excitement; she keeps them grounded.

Beatty's ears, which stick out, reveal that when he first meets people, he comes across as a rebel, says Rosetree. But when he gets to know someone, he's sensitive. "Beatty and Bening are different," says Rosetree. "But they fascinate each other."

PHOTOS, CLOCKWISE FROM TOP: [illegible]

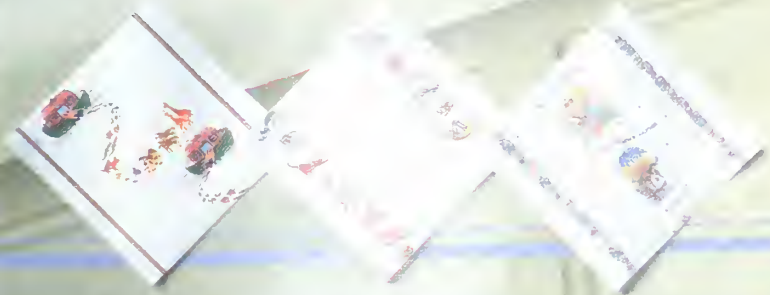
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The Quilted Quicker Picker-Upper

Heather's Legacy

MY SISTER SUCCUMBED TO BREAST CANCER AT AGE TWENTY-EIGHT. FIVE YEARS LATER, HER TRAGIC DEATH SAVED MY LIFE. BY MISSY FARR-KAYE, AS TOLD TO KATHRYN CASEY



Heather, before cancer cut her dreams short



IT WAS A SUNNY, blue Phoenix morning last April, and the soft grass by her gravestone where I sat seemed especially brilliant in contrast. "Heather, it's not my time yet," I said, my voice hoarse with fear. "I'm needed here too much right now. My babies need me."

I brushed a tear from my cheek. In a few hours, I was going to be wheeled into an operating room where surgeons would remove both of my breasts as treatment for cancer. I was only thirty years old, but more than most women my age, I knew the horror of the disease.

In 1989, when she was just twenty-four, my sister had also been diagnosed with breast cancer. She fought hard, giving her battle against the disease every ounce of her determination. But four and a half years later, Heather died. Now I thought about how horribly I missed her. "Heather, you have to help me," I pleaded. "Please ask God to take care of me."

We were incredibly close, Heather and I, the kind of sisters who finish each other's sentences and laugh at jokes no one else understands. Older than I [illegible] a half years, she [illegible] for both of us; growing up, I gladly followed her lead. I even chose the same college she did, and the same career—professional golf.

But I never dreamed I'd follow her to this terrifying moment. Until Heather became ill, we had no family history of breast cancer, and I was a decade shy of the age at which doctors recommend even a baseline mammogram. But my physicians were blunt: The disease that threatened me was a particularly aggressive strain of cancer—probably the same form that had taken Heather's life.

Tragic Lessons

Up to the end, Heather was determined to live her life fully, and that can-do spirit was evident early on. At age five, she followed our father onto the golf course; before long she was moving up the amateur ranks, winning the state women's championship at age thirteen and playing on the U.S.'s winning Curtis Cup team at sixteen. At age twenty, in 1985, Heather left Arizona State University (ASU) a year early to turn pro.

When I was seven years old, I, too, took up golf, and while my successes came more slowly, *(continued)*

PHOTO BOTTOM LEFT STEVE MIN

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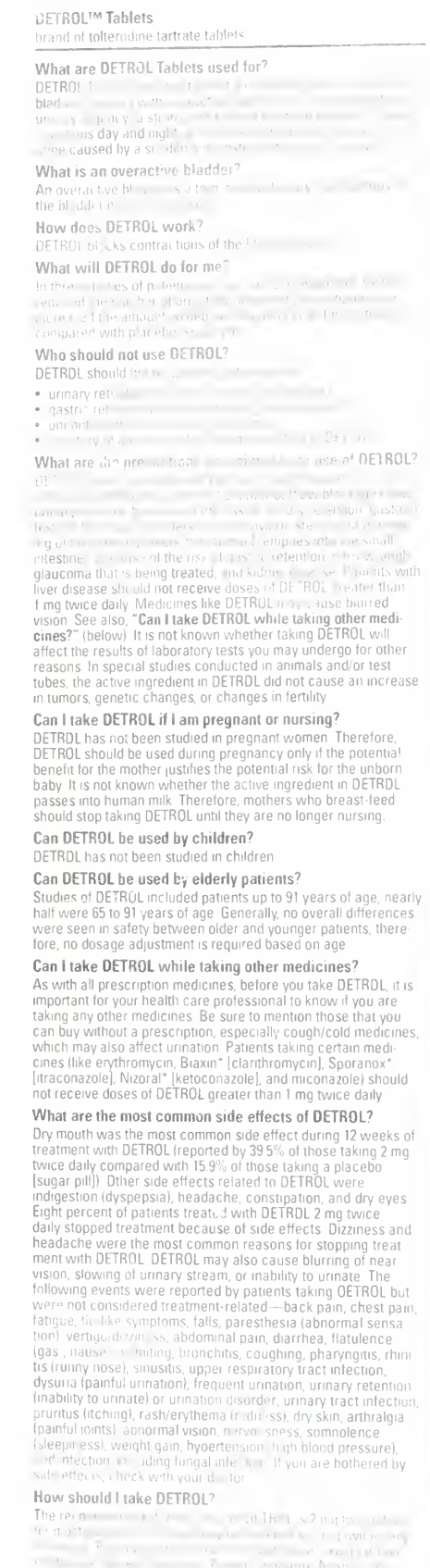
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❑	❑	I often go to the bathroom more than 8 times in a 24-hour period.
❑	❑	I frequently get up twice or more at night to go to the bathroom.
❑	❑	I go to the bathroom so frequently that it interrupts my life.
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[illegible]ions day and night
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What is an overactive bladder?
An overactive bl[illegible]s a term [illegible]
the bladder [illegible]

How does DETROL work?
DETROL blocks contractions of the [illegible]

What will DETROL do for me?
In three [illegible]es of patient[illegible]
[illegible]
compared with placebo [illegible]

Who should not use DETROL?
DETROL should [illegible]
- urinary ret[illegible]
- gastric ret[illegible]
- uncontr[illegible]
- [illegible]

What are the precautions [illegible] use of DETROL?
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hen cancer, again.

I also got married, a few month
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teve, a teacher, when we both
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b I'd taken to be close to Heather
hen she went through treatment at
nearby hospital. In the fall of 1992,
s she finished yet another round of
hemo, I learned I was pregnant.
Heather had been concerned about
ne effect of her cancer drugs on her
rtility. I felt as if I was having this
aby for both of us.

In July, I went into labor. I'll never
rget the scene in the delivery room:
teve on one side holding my hand,
oaching me, Heather on the other,
illing me through the pain. From
he moment Dalton came into the
orld, my sister completely adored
im, but they had little time togeth-
r. Less than three weeks later, in

Cancer Strikes Again

It took a long time for me to be able to talk about Heather without crying, but slowly all of us picked up our lives. Dalton gave us—me, Steve, my mother and father—a reason to keep going on.

Our second son, Riley, was born in September 1997. Since my sister's diagnosis, I had been scrupulous about getting annual mammograms,

Three weeks after the second mammogram, my primary physician called me. "They were waiting for your baseline films to arrive to compare them," he said. "They found something, and you need to see a surgeon right away."

"We'll get through this, no matter what," Steve said when I telephoned with the bad news. My parents were supportive and tried their best to be positive, but I knew they were as frightened as I was.

When I met with the surgeon the next morning, he said, "I don't like what I see. If you have cancer, it's at a very early stage," he added. "But we won't know until we *(continued)*



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examine the tissue."

But I knew, the moment I woke up in the recovery room after the biopsy, that the news was bad. Steve and my mother and father gathered around me, crying. Steve bent down to kiss me.

"Mom, I'm so sorry to make you go through this twice," I said, tears filling my eyes as she held me.

Just then, my doctor entered the room. "It's cancer," he confirmed, "but we caught it early." Later, he told me he was going to have to remove the other breast as well as a precaution.

"Take it all," I said. "Just give me my life."



Survivors: Missy and her mother

Guarded Optimism

My best friend cried so hard when I called to tell her, she couldn't talk. Dalton took the news that his mommy needed surgery better. Steve and I explained that the doctor thought I'd be okay, but that I wouldn't be able to pick him up for a few weeks after the surgery.

"Not at all?" he asked, crawling onto my lap.

"No—so you'll have to give me lots of big bear hugs now," I told him, as his face brightened.

I never for a moment questioned my need to have the mastectomy, nor my doctor's recommendation to take both breasts. After the surgery, less than one percent of my breast tissue would remain, removing nearly all possibility of breast cancer in the future. But the big question still loomed: Did we catch the cancer in time? I wouldn't know until the doctors examined my lymph nodes. If more than four contained cancer cells, it would be a bad sign.

Other women might have grieved over losing their breasts. I didn't [illegible]. It wouldn't be fair for Steve to lose his wife, for my children to lose their mother, for my parents to lose both of their daughters.

At five P.M. on Thursday, April 2, Steve and my mother and father watched as I was wheeled into the operating room. The last thing I remember before drifting off is a nurse comforting me. She had the most remarkable eyes—green, just like Heather's. *I'm going to be all right*, I thought. *I'm going to live.*

The Tuesday after the surgery was the day I was to learn what the lab had found. Steve and my mother accompanied me to the surgeon's office, and we all waited nervously for him to join us with the news. Finally, the door opened, and his face said it all. "No cancer," he announced with the biggest smile. "All your lymph nodes are clear. You won't need chemo, you won't need radiation. We believe you are as [illegible] you can be to being cured."

Despite the fact that the surgery had left my upper body feeling pummeled, I hugged everyone hard, while crying even harder. Then I said a silent prayer. "Thank you, God. Thank you, Heather."

In the months since the surgery, I've thought of my sister often. If it hadn't been for Heather, I would not have started having regular mammograms at such a young age. And even if an abnormality had been detected, without the benefit of Heather's experience, my doctors might have made the same fatal mistake by taking a wait-and-see stance.

How could the same cancer have struck both of us? We may never know. I try not to dwell on the possibilities, preferring to look forward. Last fall I had my third surgery to reconstruct my breasts. Instead of pursuing a career, I'm devoting myself right now to my children and to the Heather Farr Foundation, raising funds so more women can get mammograms and receive better breast cancer care.

As for my own care, I go to my gynecologist for tests once a year, and see my internist every few months. I try to keep up with the literature about breast-cancer research. I feel more optimistic about my future every day. "You're going to live to see your grandchildren," the surgeon told me that afternoon in his office when he shared the good news. And when that day comes, Heather will still be in my thoughts. ●

Memories, Milestones & Miracles

LHJ has teamed up with The Susan G. Komen Breast Cancer Foundation and Goldsmith Seeds, Inc. to offer a special collection of impatiens called the "Accent Miracle Collection," which symbolizes breast cancer memories, milestones and miracles. Ten percent of the proceeds will be donated to the Komen Foundation. Available through June 30, 1999. To find a garden center near you that carries this collection, visit *www.miracleplants.com* or call toll-free 877-IMPATIENS.

PAUL F. GERO

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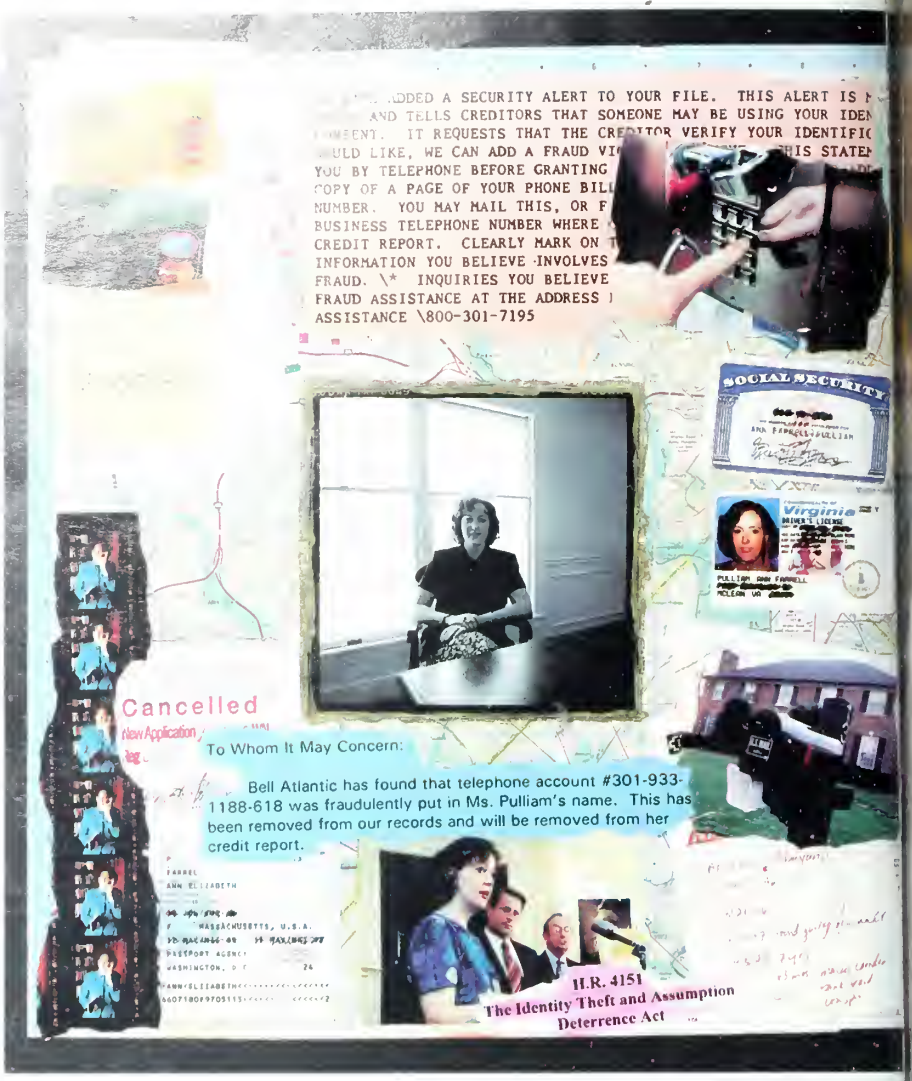


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ONCE A THIEF STEALS YOUR PERSONAL INFORMATION, YOU COULD SPEND A LIFETIME TRYING TO RECLAIM YOUR NAME. HERE'S HOW TO PREVENT THIS CRIME FROM HAPPENING TO YOU. BY CYNTHIA HANSON



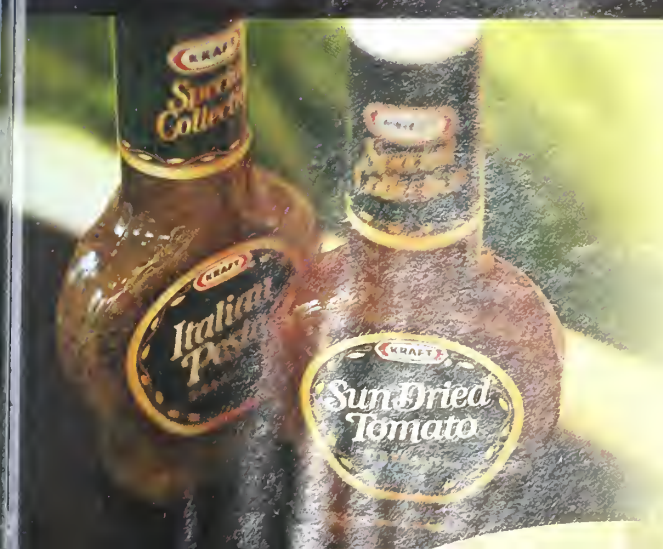
the identity snatchers

In July 1995, Ann Farrell Pulliam was skeptical when her husband's friend claimed he couldn't reach them because their phone number was unlisted. "I assumed it was a bogus excuse for not inviting us to a party," says Ann, thirty-two, of McLean, Virginia. Then, a few weeks later, she heard the same thing from another friend. When the operator confirmed that the Pulliams' number was indeed not [illegible] called Bell [illegible] simply two and Web site manager for Inova Health System. "I asked to be relisted—and quickly forgot about it."

Ann's peace of mind didn't last long. In August, the antifraud division of First Union Bank, in Charlotte, North Carolina, contacted the Pulliams to verify that they wanted their new Visa card sent to the Baltimore address on the application—not the McLean address on file with the Social Security Administration. Ann was baffled: Neither she nor Joel had applied for the card. First Union canceled the account, and faxed Ann a copy of the application, urging her to order reports from the three major credit bureaus to check for other fraudulent accounts.

The First Union credit-card application listed Ann and Joel Pulliam's correct Social Security numbers and dates of birth, but it gave their employer as "Pulliam Engineering" in Baltimore. The couple's credit reports showed that someone had used their names to obtain a credit card from Colonial National Bank, in Horsham, Pennsylvania, and a $5,949 cash advance. Suddenly, things made sense to Ann: Pretending to be Joel Pulliam, the applicant must have asked the phone company to unlist their home number so *(continued)*

"I had a daydream about salad dressing. Is that weird?"



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Around here the dressing is Kraft.

Continued creditors [illegible] the fraudulent applic[illegible] real Pulliams—a [illegible] rai[illegible] a balance [illegible] who were [illegible] mortgage in record [illegible] off their grad[illegible] years early—the nightma[illegible] just begun

An Epidemic of Fraud

Identity theft—the stealing of personal information to commit financial fraud—is one of the fastest-growing white-collar crimes in the nation. In 1997, the U.S. Secret Service investigated 9,455 identity-theft cases with losses totaling $745 million, according to the U.S. General Accounting Office. Meanwhile, the Social Security Administration investigated 1,153 cases of Social Security number fraud in 1997, up

steal your identity

[illegible]eeds is your name, address, Social Security [illegible]-information often found on driver's [illegible]cial checks. But, according to Gregory Regan, [illegible] financial crimes division of the U.S. Secret [illegible]ce get the information using these methods:

[illegible]eals junk mail, newly issued credit cards, bank and [illegible]'s. tax information, preapproved credit-card offers or [illegible] mailbox.

[illegible]e identity scams: The impostor files a change-of-address card [illegible] mail is sent elsewhere. That way, the thief obtains documents needed to impersonate his victim.

Dumpster-diving: Thieves fish through garbage bins for credit-card slips, loan applications, bank statements and medical records. Some businesses—hospitals, mortgage companies, banks, auto dealerships, hotels and restaurants—don't shred these documents.

Inside job: The thief has access to personnel records or credit-card receipts through her regular job. Members of fraud rings have been known to pose as temporary workers or cleaning staff. —C.H.



Ann Pulliam believes her identity was stolen from a mortgage application



rom 305 the previous ye

In response to this ... ase load, Congress pas... ion last year that mak... heft a federal crime, ... vith up to fifteen years in pr... Experts say the Pulliams were lucky. Some victims don't find out until months or years later, when they're denied a credit card or mortgage because the thief has stolen thousands of dollars in their names and destroyed their credit rating.

What, exactly, is fueling the epidemic? Beth Givens, director of the Privacy Rights Clearinghouse, a nonprofit consumer information and advocacy group in San Diego, blames credit grantors. "Those who approve instant credit don't take enough care to verify the identities of their applicants," says Givens, author of *The Privacy Rights Handbook* (Avon, 1997). "Identity theft is all too easy to commit."

Perpetrators also know that identity theft is difficult to investigate and seldom prosecuted, *(continued)*

Restoring Your Name & Credit

The unthinkable has happened: A thief stole your identity, applied for a credit card in your name and racked up thousands of dollars in debt. Now what? Minimize the damage by acting quickly and assertively. Beth Givens explains how.

1. Contact the fraud units of the three credit reporting companies—Experian (888-397-3742); Equifax (800-525-6285); and Trans Union (800-680-7289). Request that your accounts be flagged and add a victim's statement to your report: "My ID has been used to apply for credit fraudulently. Call me at this number to verify all applications." Also, find out how long the fraud alert will be posted and how to extend it. Then contact the appropriate financial institutions to report any fraud.
2. Call the police. It's important to get the fraud on record and to get a copy of the police report. Credit-card companies, banks and insurance companies may require you to produce the report in order to verify the crime. Be persistent—and keep a log of all conversations, including dates, names, phone numbers and information exchanged.
3. Notify the Federal Trade Commission. Under the 1998 Identity Theft and Assumption Deterrence Act, the FTC will maintain a database of identity theft and refer complaints to the appropriate authorities.
4. Report the fraud to your credit-card issuers, get replacement cards with new account numbers and ask that old accounts be processed as "account closed at consumer's request." Follow up in writing.
5. Notify your bank of the theft. If necessary, cancel your checking and savings accounts; obtain new account numbers. Request a password that must be used in every transaction.
6. Get a new ATM card, account number and password. Don't use the last four digits of your Social Security number or your birth date as a password.
7. Don't pay any bill or portion of a bill that results from identity theft. Also, don't cover any checks that were written or cashed fraudulently. As long as you've notified the authorities, your credit rating shouldn't be permanently affected. —C.H.



(continued) explains Cne senior special inves California Depa Vehicles, in Sa inals, it's a the victim store. The harming

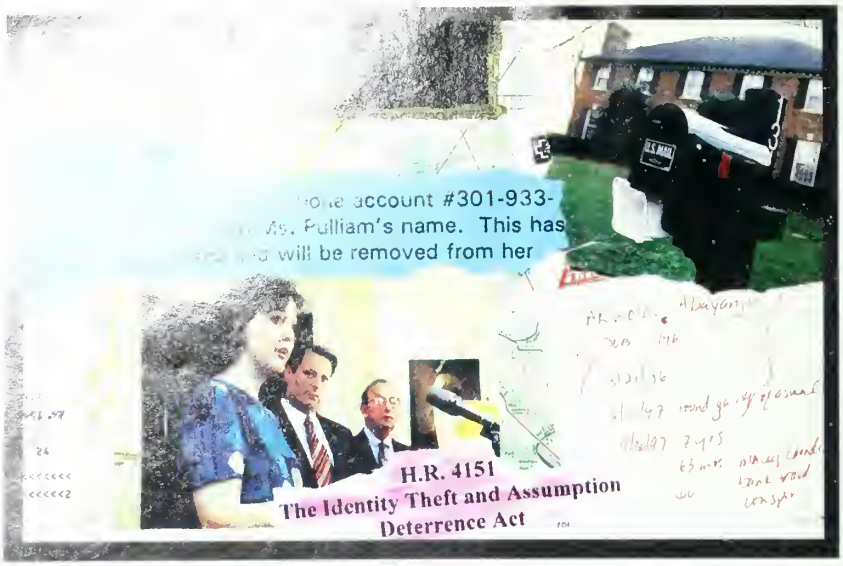
Yet, Joel ing that their identities had been stolen, the Pulliams are still trying to clean up their credit reports. Although Ann and Joel didn't have to repay the $5,949 that was credited to their report (victims are responsible for only $50 under federal law, and most creditors waive that fee), they've logged hundreds of hours talking to authorities and writing letters to credit bureaus.

Nowhere to Turn

In August 1995, as soon as Ann received the Pulliams' credit reports and spotted the Baltimore phone number for Pulliam Engineering, she decided to call it. Much to her surprise, a woman answered the phone "Pulliam Engineering" and explained that "Ann and Joel Pulliam" owned the company. When Ann asked to speak to Ann Pulliam, she was informed that Ann wasn't available. After she hung up, she says, "I freaked out. I felt totally violated that someone could get away with impersonating me."

A panicked Ann contacted her local police department to report the fraud. But the officer she spoke to was unsympathetic, suggesting that Joel had launched a business without her knowledge, she says.

Outraged, Ann called Bell Atlantic in Baltimore to cancel Pulliam Engineering's accounts. Though the representative



PROTECTING YOUR PRIVACY

You can't inoculate yourself against identity theft. But you can reduce your chances of becoming a victim. Attorney Mari Frank, an identity-theft victim turned privacy-rights advocate, in Laguna Niguel, California, offers tips for protection:

• Close all stagnant credit-card accounts—don't just cut up cards.

• Order a biannual copy of your credit report from each of the three national credit-reporting agencies. Call Experian (800-682-7654), Equifax (800-685-1111) and Trans Union (800-916-8800)—there is a minimal charge for each—and inform them of any mistakes you find.

• Get your name off mailing lists for preapproved lines of credit by participating in the credit bureaus' Opt-Out program. Call

may expire after two years; keep track so that you'll know when to get an extension. Also, to prevent credit bureaus from granting credit without your verbal permission, place a security alert on your account.

• Remove your name from marketers' unsolicited mailing lists. Write to the Direct Marketing Association's Mail Preference Service, P.O. Box 9008, Farmingdale, NY 11735.

• Never carry your Social Security card in your wallet, and only give out your number when it is required—primarily for tax-related purposes, such as employer's payroll records, most banking, stock and property transactions, when applying for loans or credit and health insurance. Ask the Department of Motor Vehicles to assign you an alternative number for identification.

• Shred documents that contain personal information before putting them in the trash.

• Never use your mother's maiden name as a password for your bank account. Reason: The name is on your birth certificate, which is public record.

• Beware of shoulder-surfers when using a bank ATM or public phone. Use your hands to cover what you're doing, so that thieves can't determine your account numbers—whether they're nearby or across the room with binoculars or a video camera.

• Don't give out your credit-card number or other personal information over the phone or Internet unless you have a business relationship with the company and you have initiated the call.

—C.H.

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The stainless steel blade bears the name of the motorcycle. And the minted medal of Franklin Mint Collector Knives is also set into the handle. The entire edition is forever limited to just 5 casting days. Complete with its own padded and zippered case. Just $37.50.



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THE FRANKLIN MINT



HOW TO

TALK YOUR WAY OUT OF A SPEEDING TICKET

The fact that your rear-view mirror is showcasing a rack of flashing lights doesn't necessarily mean you should reach for your checkbook as well as your license. The highway patrol issues almost as many warnings as actual tickets. In other words, you have a fifty-fifty chance of getting off.

HOW TO [illegible] Throwing a fit *won't* help. Instead, advises Steven Cole Smith, executive editor of *Car and Driver* magazine, who boasts eight years as a cop, "Do what you would want someone to do if you were a police officer." Pull far enough off the road so the officer can pull off safely, too, and turn on your dome light if it's night. "The easier you make it for him, the less likely he'll be annoyed and *want* to give you a ticket," says Smith.

[illegible] Your explanation. Admitting that you made a mistake helps a lot, says our expert, who suggests a contrite "I'm sorry, I promise it won't happen again." THE FOLLOWING ARE [illegible] HOWEVER, PUT YOU ON A [illegible] TRAFFIC COURT: "I didn't realize I was going that fast" or "What about the guy who just passed me?" are real no-nos. They each beg a counter-argument: You should know what you're doing navigating a two-thousand-pound vehicle, and he didn't see the other guy, he saw *you*.

HOW TO

REVIVE A DROOPING ROSE

There's no need to ditch a vase of roses just because they're beginning to droop. With her recipe for flower power, Georgeanne Brennan, author of *Backyard Bouquets* (Chronicle Books, 1998), can restore them to their original vigor: Immerse the blooms and stems in a bathtub or sink filled with tepid water for a few hours or overnight. Then watch for the boomerang effect. As the flowers absorb water, they sink to the bottom, at which point the stems are once again ready to stand proudly erect. This also works for tulips.



HOW TO

wash your hands

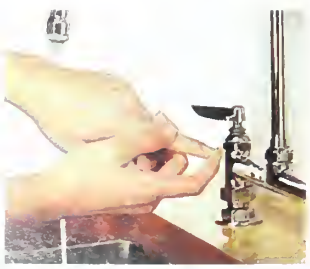
Believe it or not, few people really know how to wash their hands. At least not when it comes to getting rid of germs. (And if you don't get rid of germs, why bother?) How to do it right? We asked a bona fide expert: Elaine Larson, R.N., Ph.D., a professor at the Columbia University School of Nursing, in New York City, who has studied handwashing for over two decades. Note: We're not talking pre-op scrubbing or anything.



[illegible] Germs lose [illegible] grip on skin make [illegible] [illegible] [illegible]

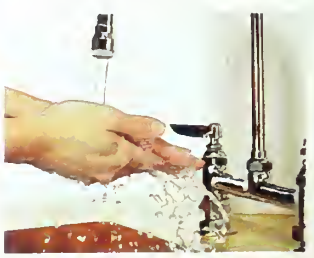
step 2 **Strike where the germs lurk: *not* on the broad, flat surfaces of the palm and back of the hands, but in the moist, warm crevices between the fingers.**





step 3 **It's also critical to scrub underneath and around those little petri dishes called fingernails.**

step 4 **Rinse thoroughly. Most germs can't take the heat, so use water as hot as you can stand. Dry with a paper towel; cloth ones will only transfer new germs.**



—*By Catherine Fredman*

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f your heartburn medicine works o well, why do ou keep getting eartburn?



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BRIEF SUMMARY

CLINICAL PHARMACOLOGY *Pharmacokinetics and Metabolism* Omeprazole

INDICATIONS AND USAGE *Duodenal Ulcer*

Gastric Ulcer

Treatment of Gastroesophageal Reflux Disease (GERD) Symptomatic GERD –

Erosive Esophagitis –

Maintenance of Healing of Erosive Esophagitis

Pathological Hypersecretory Conditions

CONTRAINDICATIONS Omeprazole

Clarithromycin

WARNING: *Clarithromycin:* CLARITHROMYCIN SHOULD NOT BE USED IN PREGNANT WOMEN EXCEPT IN CLINICAL CIRCUMSTANCES WHERE NO ALTERNATIVE THERAPY IS APPROPRIATE. IF PREGNANCY OCCURS WHILE TAKING CLARITHROMYCIN, THE PATIENT SHOULD BE APPRISED OF THE POTENTIAL HAZARD TO THE FETUS. (See WARNINGS in prescribing information for clarithromycin.)

PRECAUTIONS *General:*

Information for Patients:

Drug Interactions: Other –

Combination Therapy with Clarithromycin –

Carcinogenesis, Mutagenesis, Impairment of Fertility:

Pregnancy: Omeprazole: Pregnancy Category C –

Clarithromycin: Pregnancy Category C

Nursing Mothers

Pediatric

USE

ADVERSE REACTIONS

	Placebo (n=64)	Ranitidine (n=195)
	6.3	7.7 (2.6)
	3.1 (1.6)	2.1 (0.5)
	2.1	2.1
	3.1	4.1 (0.5)
	1.6	2.6
	0.0	2.6 (1.0)
	4.7	1.5 (0.5)
	0.0	0.0
	3.0	0.0
	0.0	1.5
	1.6 (1.6)	1.5 (1.0)
	0.0	0.5

More than omeprazole-treated patients have been reported in clinical trials involving 2,631 patients and subjects received omeprazole.

Causal Relationship Not Assessed

	Omeprazole (n=2631)	Placebo (n=12
	5.2	3.3
	1.3	0.8
	1.5	0.8
	3.7	2.5
	2.7	5.8
	4.0	6.7
	3.2	10.0
Acid regurgitation	1.9	3.3
	2.9	2.5

domestic and/or international trials, body system in many instances, the relations

Body As a Whole Fever, pain, fatigue malaise, abdominal swelli

and bradycardia palpitation, elevated blood pressure, peripheral eden

colon, flatulence, fecal discoloration, esophageal candidia

treatment with omeprazole, gastric fundic gland polyps have be

be reversible when treatment is discontinued. Gastro-duode

syndrome on long-term treatment with PRILOSEC. This finding

condition which is known to be associated with such tumors. *Hepa*

function tests [ALT (SGPT), AST (SGOT), γ-glutamyl transpeptidase, alkal

rare instances, overt liver disease has occurred, including hepatocellu

(some fatal), hepatic failure (some fatal), and hepatic encephalopat

hypoglycemia, weight gain. *Musculoskeletal:* Muscle cramps, myalgia, mus

Nervous/Psychiatric: Psychic disturbances including depression, aggressi

tremors, apathy, somnolence, anxiety, dream abnormalities, vertig

Hemic/Lymphatic: Epistaxis, pharyngeal pain. *Skin:* Rash and, very rarely, cases of seve

epidermal necrolysis (TEN, some fatal), Stevens-Johnson syndrome, a

inflammation, urticaria, angioedema, pruritus, alopecia, dry skin, hyperhidros

Genitourinary: Interstitial nephritis (some with positive rechallenge), urinary tra

urinary frequency, elevated serum creatinine, proteinuria, hematuria, glycosuria, testicul

Rare instances of pancytopenia, agranulocytosis (some fatal), thrombocytopen

and hemolytic anemia have been reported. ***Combination Therapy wi***

Clarithromycin: combination therapy with PRILOSEC and clarithromycin, no adverse experienc

observed. Adverse experiences that have occurred have been limited

with omeprazole or clarithromycin. Adverse experiences observed in controll

with PRILOSEC and clarithromycin (n=345), which differed from those previous

taste perversion (1%), tongue discoloration (2%), rhinitis (2%), pharyngitis (1%

clarithromycin, refer to the clarithromycin package insert. ADVERS

OVERDOSAGE: experience with overdosage with omeprazole. Doses ranged from 320 mg to 9

dose. Manifestations were variable, but included confusio

flushing, headache, and dry mouth. Symptoms we

reported. No specific antidote for omeprazole overdosage is know

readily dialyzable. In the event of overdosage, treatme

DOSAGE AND ADMINISTRATION *Duodenal Ulcer:* Short-Term Treatment of Active Duodenal Ulcer: The recor

PRILOSEC for 2 to 4 weeks. Most patients heal within 4 weeks. Some patients may requ

See DOSAGE AND ADMINISTRATION

Combination Therapy with Clarithromycin

	Days 1-28
clarithromycin 500 mg t.i.d.	PRILOSEC 20 mg q.d.

information for CONTRAINDICATIONS and WARNING, and for informatio

PRECAUTIONS, *General*. PRECAUTIONS, *Geriatric Use* ar

Gastric Ulcer: The recommended adult oral dose is 40 mg once a day for 4 to

DOSAGE AND ADMINISTRATION, *Gastric Ulcer*. ***Gastroesophageal Reflux Disease (GERD):*** The recom

patients with symptomatic GERD and no esophageal lesions is 20 mg da

recommended oral dose for the treatment of patients with erosive esophagitis and accom

GERD is 20 mg daily for 4 to 8 weeks. (See INDICATIONS AND USAGE.) ***Maintenance o***

Healing of Erosive Esophagitis: The recommended adult oral dose is 20 mg daily. ***Pathological Hypersecretor***

Conditions: patients with pathological hypersecretory conditions varies with the individu

Titration to control gastric acidity once a day. Doses should be adjusted to individual patie

Doses up to 120 mg t.i.d. have been administered. Da

divided doses. No dosage adjustment is necessary for patien

the insert.

Manufactured b
Merck & Co., In
West Point, PA 19486, USA

PRI2

NOTE: This summary provides important information about PRILOSEC. If you would lik
more information, ask your doctor or pharmacist to let you read the professional labeling an
then discuss it with them.

REBA'S NEXT ACT

The Queen of Country unleashes h[er] wit on everything from her latest book to Shania Twain's sexy look

By Jim Jerome



"I've had bigger shows than both Shania and Celine Dion," says Reba McEntire. "Not braggin', just factual"

LHJ: **Why did you write *Comfort from a Country Quilt* (Bantam, May 1999), as a follow-up to your memoir, *Reba: My Story*?**

MCENTIRE: I wanted to write about the interesting people I've known and loved. I wrote it as a chicken soup for the down-home soul.

LHJ: **What gives you comfort?**

MCENTIRE: Number one, my relationship with God. I love my spirituality, which is part of every second of my life, not just Sunday. It's private. I don't go to church.

LHJ: **Do you believe in an afterlife?**

MCENTIRE: Yes. I feel I'm an old soul and this is one of the better times for me. Besides, God's way too smart to not recycle.

LHJ: **Do you believe in angels?**

MCENTIRE: Definitely. They guide me, watch over me; I ask them to come down and help us land the plane every time we fly. They're God's little messengers and they're with us all the time.

LHJ: **In human form?**

MCENTIRE: Sometimes. Once, in Key West, [my husband] Narvel and I were window-shopping and I walked past this homeless man in a shop doorway. My hand came out with a ten-dollar bill. He said, "God bless you, little lady." When I turned back, he was gone. I think he was an angel and that these are tests.

LHJ: **What do you like best and least about yourself?**

MCENTIRE: Best: That I'm a happy person. Least: I can get so comfortable around people I say things that might hurt their feelings.

LHJ: **What one thing about yourself would you change?**

MCENTIRE: I'd be more organized. I'm a pack rat. My friends gave me a book about the best way to organize. I'm so disorganized I haven't opened it yet.

LHJ: **You've survived three up-and-down cycles in country music. Are you the last of the Country Queens?**

MCENTIRE: No. There's Lee Ann Womack coming up, [who has] the same background; there's Martina [McBride] and Trisha [Yearwood] to keep that traditional thing going. I hope it doesn't peter out.

LHJ: **Do you feel threatened by Shania Twain's glitzy, sexy spectacle onstage?**

MCENTIRE: No. I've had bigger shows than both Shania and Celine Dion. Not braggin', just factual. More lights onstage than Michael Jackson and Madonna, fifteen costume changes, ten dancers, eighteen trucks. It's been as rock-and-roll Vegas-theatrical as you can get. Plus, Shania and I are friendly and I've always been on her bandwagon. I'm very proud of her.

LHJ: **Where is country music heading?**

MCENTIRE: The last five years it has changed drastically, with more rock-and-roll formatting. It's not about the artist but about the songs. An artist now can sell four million albums, and her next album can't make it to radio or the charts. You can't quit, can't slack off at all.

LHJ: **What singers do you listen to?**

MCENTIRE: In country, Tim Mensy and Skip Ewing. In pop, Phil Collins, Tina Turner and Don Henley. He's my favorite.

LHJ: **After a decade of marriage to Narvel Blackstock, your manager, how do you keep from getting bored?**

MCENTIRE: Oh, Lord, with Narvel, nothing's *ever* boring. We have the greatest time. I told him I want us to be like his mom and dad when we grow old. They still hold hands, still do things together. We're inseparable. *(continued)*

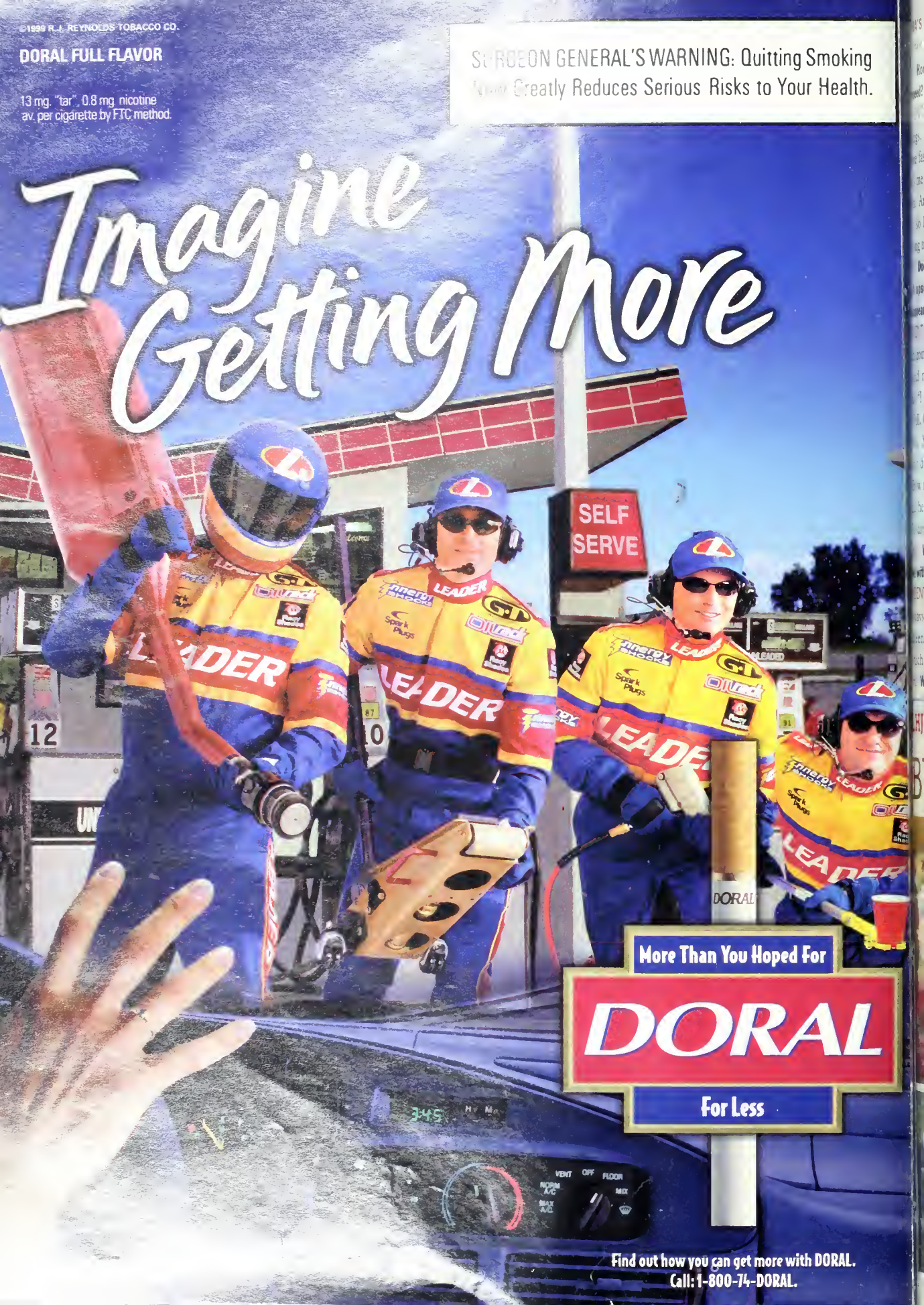
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EBA'S NEXT ACT

ntinued

J: How does your work relationship :ceed?

CENTIRE: We want the same ings, but he knows how to get :re faster. He's aggravating and he :s me so mad, I could just throttle n. Arguing over business things a so headstrong that it's taken me ong time to be quiet and listen.

J: Does your nine-year-old son Shelby t upset when you leave for, say, a ropean stint?

CENTIRE: I show him everywhere I going, with thumb tacks on a huge rld map. But I'll call in and he'll y, "I want you home *now*." I'll say, Well, baby, I'll be home in five days." No, Mom. *Now*." I say, "Baby, I n't do it. I'll fly you over." He'll go, How long a flight?" I say eight hours, d he goes, "Nahh. Have fun, Mom. stay home and play ice hockey."

J: What are the things you can't e without?

CENTIRE: Narvel kids me because I ways have my bottle of water and eenex. I'm a fanatic for clocks, nich I have [all over] the house.

J: Who is your idea of a beautiful woman?

Do you like your looks at age forty-four?

Yeah. I'm [about to] pounds overweight because we went to Europe. I love German food. I look better at 120 [pounds].

You hide it well.

It's all behind me, and I'm gonna back out of here. I'd rather people say she's the neatest ol' gal than she's a sexy momma. That's never tripped my trigger. I'd rather people like me than get turned on by me. Except for Narvel.

If you could be a man for a day, who would he be?

Narvel.

Because then you'd get to spend twenty-four hours with Reba.

Of course [laughing]. How much luckier could you get? •

Jim Jerome is a contributing editor to Ladies' Home Journal.

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4. _____
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all **decked** out

Plump up that pillow. Kick back and relax. You'll find balm for both body and soul in the rooms with a view on the following pages. Because that's what today's outdoor spaces are—spare rooms for relaxing, dining, entertaining or staking out your own personal getaway. The key to planning multi-use decks and terraces is to keep things simple and functional, says Michael Foster, the New York designer who made our outdoor retreats so sumptuous and soothing. Read on for more of his very best tips *Produced by Kimberlie A. Waugh; text by Stephanie B. Goldberg*

laguna **luxury**

For a balcony perched high above the jagged California coast, "we wanted a look that was cool, sophisticated and as elegant as any living room," Foster says. He deliberately chose furniture and objects evocative of American seashore cottages—wicker from Lloyd Flanders, nautical stripes—but still fresh and modern. The blue-and-white color combo takes its cue from the sky, water and sand. "You can add pattern with pillows and jolts of color with flowers," he says







"THIS IS MY ZEN SPACE," says Foster of the minimalist treatment he gave an airy Santa Fe veranda. When you have the grandeur of the Sangre de Cristo Mountains as a backdrop and the scent of purple heather perfuming the air, you don't need gimmicks. A natural wood arbor, which adds drama and a focal point, is hung with weather-resistant canvas "drapery" that lends privacy and relief from wind gusts. The fabric is suspended curtain-style from a metal rod that rests on brackets. Although you'd never know it, the fabric has an acrylic coating to repel the elements. Tiebacks complete the picture.

Foster chose more of the same neutral duck cloth for the seating upholstery, picking furniture in the same warm honey tones as the architectural elements. "I didn't want to use a lot of materials," he explains. "I wanted to capitalize on the peace of the mountains." Eventually the teak tables and chairs will weather to an aristocratic gray. The pine buffet table, however, acquired a patina instantly with acrylic spray paint—chocolate on the top, a buttermilk wash on the base and a Rust-Oleum faux finish. "I like the look of one painted piece with all that natural wood," says Foster. "It's very rustic."

By contrast, the gas grill—basically a second kitchen—couldn't be more high tech. Try it, says Foster, and you may never want to cook indoors again. *(continued)*

santa fe **style**

The living is easy, and functional, too: The Barlow Tyrie teak furniture folds up, and the banquettes in each corner can be easily rearranged. For protection, the deck was sealed with Klean-Strip/Armor All. Tabletop items by Pfaltzgraff; place mats and napkins by JCPenney



what's **hot** at the beach

1. Handy serving areas. Observe how beautifully a wicker cart doubles as a bar—the ultimate in convenience. Be sure to set up your cooking gear and beverages within easy reach to avoid running back and forth to the house.

2. Color-saturated china and place mats. Summertime's the best time to be bold and have some fun with your tablescapes. So go for strong patterns—or mix and match three or four.

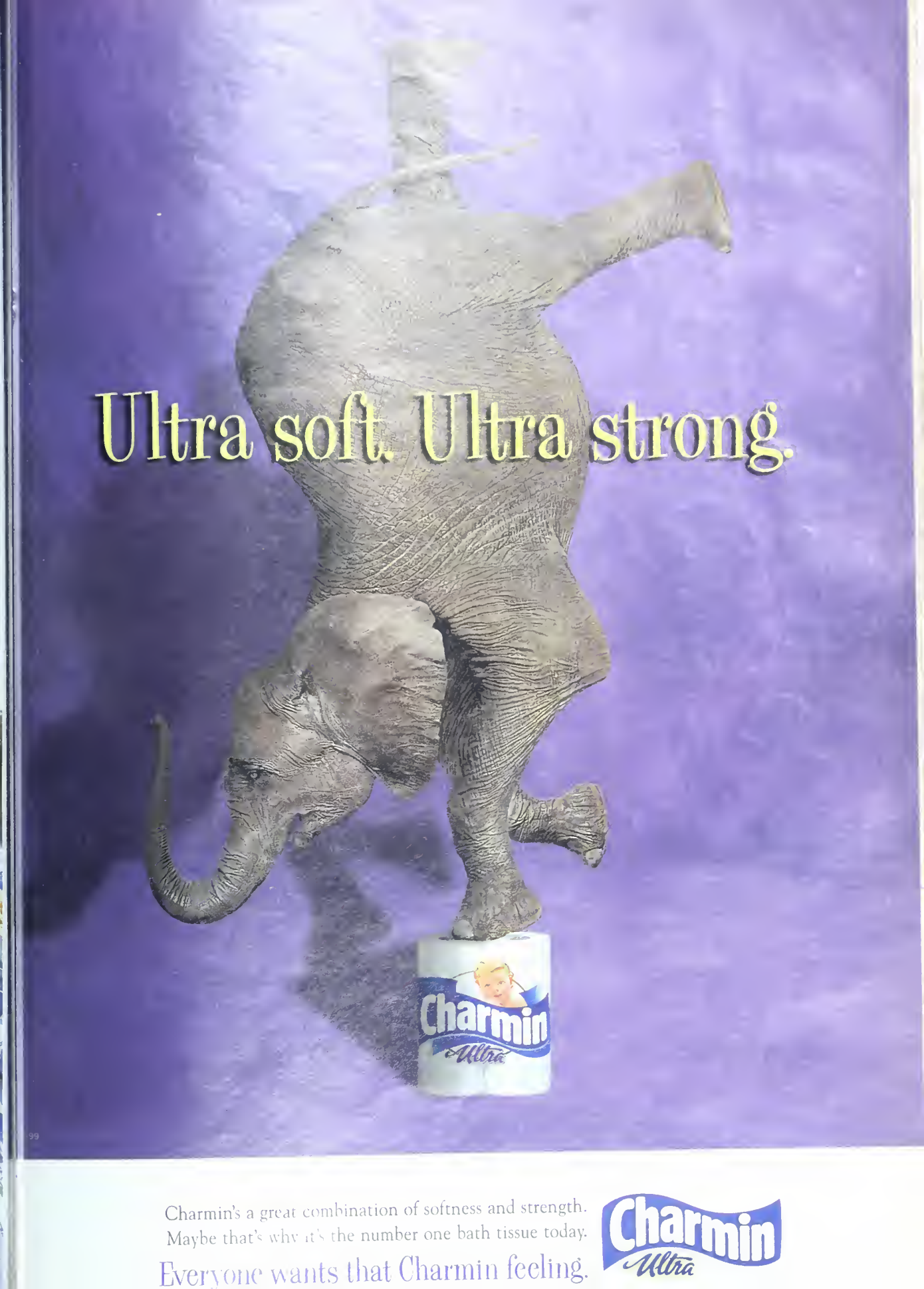
3. Accents that work when table space is limited. The cobalt votives are citronella candles that shoo away insects; the white hurricane lamps withstand ocean breezes.

4. Using baskets as organizers. They're great for storing towels, clean and soiled crockery, drinks—you name it.

5. Flexible seating. A deck is a big blank space, not unlike a loft. So choose lightweight furniture and rearrange it to suit your needs. Divide the area into zones for dining and conversation. "After dinner, it's nice to have another area for guests to move to," notes Foster. Pairing chairs with ottomans creates a wonderful space for reading and relaxing under the shade of a big beach umbrella. *(continued on page 107)*







Charmin's a great combination of softness and strength.
Maybe that's why it's the number one bath tissue today.
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Ultra


What
menopause?

NOW THERE'S COMBIPATCH.

The first and only combination hormone patch.

Don't let menopause disrupt your life. Go back to being the woman you used to be—with days uninterrupted by hot flashes and nights unspoiled by night sweats or vaginal dryness

Rediscover the life you used to live with CombiPatch.

CombiPatch is the small, ultrathin combination hormone patch that relieves those menopausal symptoms. Its advanced adhesive keeps the patch in place so you only change it twice a week. Bathe, shower—even exercise in the pool—without giving it a second thought.

actual size

CombiPatch helps give you back the comfort and confidence menopause took away.

CombiPatch is indicated for menopausal women with an intact uterus. Some patients may experience side effects. Most are usually temporary and disappear over time. They include breast pain, menstrual cramps, skin irritation around the patch site, and irregular bleeding or spotting.

You should not use hormone replacement therapy if you are pregnant because of possible risk to the fetus. When you speak with your healthcare provider, be sure to discuss your personal or family history of breast cancer, breast lumps, abnormal vaginal bleeding, abnormal blood clotting, severe headache, or dizziness. While on hormone replacement therapy, should you experience any abnormal symptoms, such as leg or chest pain or vision changes, please contact your healthcare provider immediately as these symptoms may indicate serious life-threatening illnesses such as heart attack or blood clots.

So, talk with your doctor about new CombiPatch. It's easy to use and so comfortable that you'll say, "What menopause?" For more information, call **877-Combi-4-U (877-266-2448), ext. 178,** *or visit our Web site at www.combipatch.com.*

CombiPatch



Remember CombiPatch. Forget Menopause.

Please see additional important information on adjacent page.

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MHT980383 1/99

CombiPatch

estradiol/norethindrone acetate transdermal system

BRIEF SUMMARY

INDICATIONS AND USAGE

CONTRAINDICATIONS

WARNINGS

ALL WARNINGS BELOW PERTAIN TO THE USE OF THIS COMBINATION PRODUCT

Induction of Malignant Neoplasms

PRECAUTIONS

Cardiovascular Disease

Hypercalcemia

Thromboembolic Disorders

Visual Abnormalities

PRECAUTIONS

General

WARNINGS

Cardiovascular Effects

CLINICAL STUDIES

Uterine Bleeding and Mastodynia

WARNINGS

Collection of Pathological Specimens

Based on experience with estrogens or progestins

Hypercoagulability

Familial Hypertriglyceridemia

Lipoprotein Metabolism see CLINICAL STUDIES

Information for Patients

PRECAUTIONS

Impaired Liver Function

Laboratory Tests

Drug/Laboratory Test Interactions

- Prothrombin time, activated partial thromboplastin time, and platelet aggregation time increased
- Factors II, VII antigen, VIII antigen, VIII coagulation activity, IX, X, XII, VII-X complex, and beta-thromboglobulin decreased levels of anti-Factor Xa and antithrombin III decreased antithrombin III activity increased levels of fibrinogen activity increased plasminogen antigen and activity
- Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone as measured by protein bound iodine (PBI), T4 levels (by column or by radioimmunoassay) or T3 levels by radioimmunoassay. T3 resin uptake is decreased reflecting elevated TBG. Free T4 and free T3 concentrations are unaltered.
- Other binding proteins may be altered in serum/plasma, increased corticosteroid binding globulin (CBG) leading to increased circulating corticosteroids, decreased SHBG leading to increased free/biologically active hormone concentrations, are unchanged. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1-antitrypsin, ceruloplasmin)
- Increased plasma HDL-C and HDL-cholesterol fraction, decreased LDL-C, and triglycerides
- Reduced response to metyrapone test
- Reduced serum folate concentration
- Increased sulfobromophthalein retention

Carcinogenesis, Mutagenesis, Impairment of Fertility

CONTRAINDICATIONS WARNINGS

Pregnancy Category X

Nursing Mothers

ADVERSE REACTIONS

WARNINGS PRECAUTIONS

Table III All Treatment Emergent Study Events Regardless of Relationship
Reported at a Frequency of ≥ 5% with CombiPatch™
VASOMOTOR SYMPTOM STUDIES

	CombiPatch™ 0.05/0.14 mg per day n = 113	CombiPatch™ 0.05/0.25 mg per day n = 112	Placebo n = 107
Body as a Whole			
Pain	6%	4%	9%
Digestive			
Diarrhea	4%	5%	7%
Dyspepsia	1%	5%	5%
Flatulence	4%	5%	4%
Nausea	11%	8%	7%
Nervous	16%	28%	28%
Depression	3%	5%	9%
Insomnia	3%	6%	7%
Nervousness	3%	5%	1%
Respiratory	24%	38%	26%
Pharyngitis	4%	10%	2%
Respiratory disorder	7%	12%	7%
Rhinitis	7%	13%	9%
Sinusitis	4%	9%	9%
Skin and Appendages	8%	17%	16%
Application site reaction	2%	6%	4%
Urogenital	54%	63%	28%
Breast pain	25%	31%	7%
Dysmenorrhea	20%	21%	5%
Leukorrhea	5%	5%	3%
Menstrual Disorder	6%	12%	2%
Papanicolaou Smear Suspicious	8%	4%	5%
Vaginitis	6%	13%	5%

Represents milligrams of estradiol/NETA delivered daily by each system

Table IV. All Treatment Emergent Study Events Regardless of Relationship
Reported at a Frequency of ≥ 5% with CombiPatch™
ENDOMETRIAL HYPERPLASIA STUDIES

	CombiPatch™ 0.05/0.14 mg per day n = 325	CombiPatch™ 0.05/0.25 mg per day n = 312	VIVELLE® 0.05 mg per day n = 318
Body as a Whole	61%	60%	59%
Abdominal pain	12%	14%	16%
Accidental injury	10%	11%	8%
Asthenia	10%	13%	11%
Back pain	15%	14%	13%
Flu syndrome	14%	10%	7%
Headache	25%	17%	21%
Infection	5%	3%	3%
Pain	19%	15%	13%
Digestive	42%	32%	31%
Constipation	2%	5%	3%
Diarrhea	14%	9%	7%
Dyspepsia	8%	6%	5%
Flatulence	7%	5%	6%
Nausea	8%	12%	11%
Tooth Disorder	6%	4%	1%
Metabolic and Nutritional Disorders	12%	13%	11%
Peripheral edema	6%	6%	5%
Musculoskeletal	17%	17%	15%
Arthralgia	6%	6%	5%
Nervous	33%	30%	28%
Depression	8%	9%	8%
Dizziness	6%	7%	5%
Insomnia	8%	6%	4%
Nervousness	5%	6%	3%
Respiratory	45%	43%	40%
Bronchitis	5%	3%	4%
Pharyngitis	9%	9%	8%
Respiratory disorder	13%	9%	13%
Rhinitis	19%	22%	17%
Sinusitis	10%	12%	12%
Skin and Appendages	38%	37%	31%
Acne	4%	5%	4%
Application site reaction	20%	23%	17%
Rash	6%	5%	3%
Urogenital	71%	79%	74%
Breast Enlargement	2%	7%	2%
Breast pain	34%	48%	40%
Dysmenorrhea	30%	31%	19%
Leukorrhea	10%	8%	9%
Menorrhagia	2%	5%	9%
Menstrual Disorder	17%	19%	14%
Vaginal hemorrhage	3%	6%	12%
Vaginitis	9%	13%	13%

Represents milligrams of estradiol/NETA delivered daily by each system

OVERDOSAGE

Overdosage with this dosage form is unlikely. Overdosage may cause nausea, and withdrawal bleeding may occur in females. Serious ill effects have not been reported following acute ingestion of large doses of estrogen/progestin-containing oral contraceptives by young children. In the event of a possible overdosage, the system should be removed immediately and medical attention sought.

Keep out of the reach of children

Rx only

Made in USA

VIVELLE® is a registered trademark of Novartis Pharmaceutical Corporation

Please see product circular for full prescribing information

Manufactured for **RHÔNE-POULENC RORER PHARMACEUTICALS INC**
COLLEGEVILLE, PA 19426

by **NOVEN PHARMACEUTICALS**
MIAMI, FL 33186

RHÔNE-POULENC

IN-0141 Rhone-Poulenc Rorer Rev 8/97

what's cool in the mountains

1. Thinking teak. A dense wood with a [illegible] ent, teak is one of the most durable choices for outdoor furniture. It needs no protective coating and weathers beautifully. Plus, it comes in many styles to suit any setting.

2. Going neutral. Beige canvas is a can't-fail complement to the natural wood of the deck, chairs, tables and arbors. Make sure the fabric you choose—whether for cushions or curtains—is weatherproof and low-maintenance.

3. Pillow profusion. Banquettes piled high with pillows make for wonderful seating—and exceptional napping. But on nippy nights, a harder-edged deck chair becomes pretty inviting when it's draped with a blanket.

4. Finding new uses for garden-store urns. They hold flowers, bottles of wine and greenery with equal aplomb, and have the right, weighty presence for a mountain-scape room. Before you gasp, "But they're so heavy," take a look at the newest generation of outdoor statuary. Made of fiberglass, they're surprisingly lightweight yet have the look of terra-cotta and stone classics.

5. Carrying a torch. These are great for nighttime lighting because they can withstand a strong mountain breeze—and because they conveniently fade into the landscape by day.









THE RIGHT WAY TO A RAISE

As anyone who has worked a job knows, a salary increase doesn't always come along just because an employee *deserves* one. Sometimes you have to ask, and if it's been a while since your last raise, or if you've recently gotten positive feedback from management, now's a good time. However, says Larney R. Gump, D.Ed., a licensed psychologist and career counselor in Washington, D.C., broaching the subject in the wrong way could weaken your chances. Avoid lines like these:

"But so-and-so got a raise." Responsibilities are rarely the same, so comparing yourself to another employee isn't useful. Instead, point out your most recent accomplishments.

"If I don't get a raise, I'll quit." Don't give your boss an ultimatum. Instead, offer her a chance to problem-solve by saying something like, "It's been a year since my last raise. What can you do to help me?"

"I need the money." Your finances are not your boss's problem. Instead of telling her a sob story, ask how you can earn more. Arrica Elin SanSone

COLLEGE WITHOUT THE COMMUTE

If you're already busy with a job and your family, taking college courses from the comfort of your den via the Internet can sound appealing. But once you've targeted online schools that offer classes and grant degrees in the area you want, you still need to do your homework, says Sam Atieh, author of *How to Get a College Degree Via the Internet* (Prima Publishing, 1998). Here's what to consider:

AFFILIATION: Is the school associated with an established university, or does it exist in cyberspace only? Affiliated schools give you the same access to professors and lectures as on-campus students, and may provide wider course offerings. Beware of disreputable Internet "diploma mills" by asking the local Better Business Bureau for a report on the school.

ACCREDITATION STATUS: To be accredited, a school must go through a rigorous review process and meet certain quality standards.

ATTENDANCE REQUIREMENT: Some online schools demand in-class work—from a couple of days a semester to 50 percent of the time.

INTERACTION: Ideally, the school will offer real-time class discussions over the Internet and one-on-one contact with an adviser. Also, ask if you have access to school resources, such as the inter-library loan system. —A.E.S.

Confessions of a TV Repairman

After racking up hefty bills at the electronics store, it can be maddening to pay more for repairs. The good news: You probably don't have to. "Many problems can be fixed easily by the customer," says John Fincher, a repair technician in Houston. Here, his cures for common breakdowns. —Steve Jones



▶ SCRATCHED CDS AND FAULTY REMOTE CONTROLS Squeeze a little toothpaste on a soft cloth, and polish out any scratches on the CD's shiny side. Same thing for the plastic windows of TV and VCR remote controls. (If this window becomes scratched, the infrared beam these devices send can be weakened.) But first, check that the batteries aren't dead.

▶ STEREO STATIC OR RADIO NOISE If control knobs produce loud, scratchy sounds when you adjust the volume, there's probably dust trapped inside. Purchase a can of contact cleaner and, with the stereo unplugged, spray the liquid aerosol under the volume control to flush out contaminants. Then, completely rotate or slide the control each way a few times.

▶ CORDLESS PHONE INTERFERENCE If your phone makes a buzzing noise or disconnects [illegible] battery. Remove the battery door and pull out the [illegible]. If you have trouble disengaging the tail, take the [illegible] the tail, usually without a charge.



These days, what kind of women need to have life insurance?

Women who manage companies.

Women who manage households.

Women who somehow manage.

Women with children.

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I Went To Boot Camp

With three weeks to go until bikini weather, Melina Gerosa enlists a drill sergeant to shape up





Patrick Avon, better known as Sarge, puts recruits through the paces. Right: I wonder how many more push-ups I can pump out before my arms fall off. Below: Sarge stretches me to the limit



When my boyfriend announced he was taking me to the romantic Caribbean island of Anguilla for a late spring break, you can imagine my reaction: I was horrified. It had been a long winter, and not one Valentine's Day truffle nor chocolate Easter egg had managed to elude me. My stretch-wool suits may have faked out the public all winter, but now my cover would be blown.

Panic set in. Facing the fact that I couldn't wear my body shaper under my bikini, I decided to do something drastic: I signed up for fitness boot camp.

The Sergeant's Program, a military-style exercise regimen based in the Washington, D.C., area, is just one of the boot camps that have been popping up around the country. According to Patrick Avon, a former Navy petty officer, this program could whip me into shape in three weeks, which is exactly *(continued)*

I always keep an excellent source of calcium in the fridge. And it's not what you think.



It's called Crystal Light Body Refreshers. Each glass has 20% of the recommended daily calcium requirement. It's so refreshing when I'm thirsty. And it has five barely visible calories. 5!

I get calcium and nine other essential vitamins and minerals. They call it Body Refreshers. I call that light, fruity taste just about perfect.











Whatever it is you do to stay fit, keep doing it. Treat yourself right.

CRYSTAL LIGHT Body Refreshers®



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oz serving
99 Kraft Foods, Inc Crystal Light low-calorie soft dr

how much time I [illegible] (bikini day).

[illegible] Boot Camp Begins

I start preparing immediately. First I rent *Private Benjamin*. Although watching Goldie Hawn march around in the rain is grim, her butt looks so good in those tight, green army pants that I feel a surge of inspiration.

When I arrive at the Bethesda, Maryland, outpost at 1800 hours, though, I am disappointed. I was expecting barracks and obstacle courses. But boot camp turns out to be in an empty storefront in a shopping mall, between a nail salon and a Starbucks.

As I finish my tall latte and am contemplating a quick manicure, I am interrupted by a group of ten men and women, ranging in age from about twenty to fifty, who arrive and start stretching even before Sarge shows up barking orders. Call it getting what you pay for: Each person in the group forked over $345 to attend the three-week boot camp, and continues to pay $80 to $95 per month to be bullied five days a week. I'm here for a three-day taste of the torture.

Suddenly we are running single file through the long parking lots. After a half mile, near some Dumpsters, Sarge halts the group to lead a stretch. Sarge barks "Reeeee-port!" We admit what we ate for lunch,

Sarge yells out, "Sugar cookies!" But when I look around hopefully, he explains that we are the sugar cookies. "You have gravel stuck all over you"



and depending on the answer, each of us is assigned a corresponding number of push-ups. After I pay the twenty-push-up penalty for a turkey burger, Sarge tells everyone to drop and give him another twenty.

For two miles, we run through the residential neighborhood. There's a lot of military-style counting—"Hu-up-two-three-four!" And then right on the curbside, Sarge yells, "Drop!"—I am literally in the gutter—and we give him fifty push-ups, fifty squat thrusts, one hundred fifty crunches, and a heinous exercise called the Eight Count Body Builder, which is a complicated squat-thrust with a push-up in the middle of it. I try to ignore the aroma wafting over from the Chinese restaurant.

We spend the next twenty minutes doing [illegible] lunges, skipping and [illegible] up a steep hill. For the grand finale, we run back to the parking lot to compete for four sets of sprints. "Move it! Move it! Move it, Muffin-ass!" Sarge says as I pass him.

With the hour-long workout over, I feel, well, fine. This completely depresses me. I run four times a week and lift weights fairly regularly, so I shouldn't be that surprised. But what am I supposed to do about the ten pounds I've gained? If boot camp isn't going to blast off the blubber, where am I supposed to go next, Baghdad?

Refusing to give up, I return in the drizzle for Night Two, which focuses on the upper body. The workout starts the same way—running, stretching, push-ups—but then things get serious. "Smoke it!" yells Sarge, an order that means go beyond the point of exhaustion. After about forty push-ups, I imagine my limbs dislocating like Barbie-doll arms. I humbly sit and wait for the group to finish.

Just when I'm considering going AWOL, Sarge yells out, "Sugar cookies!" My favorite! But when I look around hopefully, I see that everyone is lying flat on their stomachs with their arms and legs flexed up in the air for minute-long intervals, doing an exercise called a Superman. Afterward, I inquire about the snacks. "Private, *you* are the sugar cookie," Sarge smirks. "You are soaking wet. Now you have grass and gravel all stuck to you."

Wiping the pebbles off my sweatshirt, I am filled with anxiety that Day Three is going to start in fewer than eleven hours. At 0600, I will attend a different class which is led by Lieutenant Colonel Patrick Riley, a U.S. Marine Corps veteran.

When the alarm goes off at 0445, I consider hurling the clock against the wall. But the thought of angering Sarge (my chaperone), pitchforks me out of bed. *(continued)*

the killer crunch

Sarge's Six-Step Crunch (recruits should set a goal of fifty crunches)

1. Lie on the ground with legs bent and feet firmly planted, shoulder-width apart.
2. Fold arms across chest.
3. Using the abdominals, lift upper back off the ground.
4. [illegible] abs, then lower back.
5. [illegible] parallel to the ground.
6. [illegible]

DISCOVER DRUG-FREE RELIEF FOR OSTEOARTHRITIS KNEE PAIN



- **Synvisc** (pronounced "sin-visk") can relieve arthritis (osteoarthritis, or OA) knee pain with just one short course of therapy!
- **Synvisc** therapy is administered into the knee in just 3 doctor visits over 15 days!
- **Synvisc** is not a drug—it is used to treat the knee and only the knee!
- **Synvisc** therapy is like lubrication for your knee and also acts as a kind of "shock absorber" that cushions the joint.
- **Synvisc** can relieve the pain of osteoarthritic knees, helping you to enjoy more comfortable mobility and to return to a more vibrant, active lifestyle!
- **Synvisc** is generally well tolerated.

In clinical studies, mild to moderate temporary knee pain or swelling occurred in 2.2% of injections with Synvisc. Side effects affecting the body as a whole were reported rarely and did not recur after the next injection of Synvisc.

Please see additional important patient information and side effects on the next page.

For more information about Synvisc®, see your doctor or call 1-800-281-9106 for a free booklet.

ARTHRITIS FOUNDATION

Wyeth-Ayerst Pharmaceuticals, marketer of Synvisc, is a proud sponsor of the Arthritis Foundation.

SYNVISC®

HYLAN G-F 20

...ICE RELIEF FOR ... KNEE PAIN.

SYNVISC
HYLAN G-F 20

BRIEF SUMMARY OF PRESCRIBING INFORMATION
This Summary describes Synvisc, a prescription formulation of hylan G-F 20 for knee pain due to osteoarthritis. Please read it carefully. Only your doctor has the training necessary to weigh the benefits and risks of Synvisc therapy for you. Contact your doctor if you have any questions.

WHAT IS SYNVISC?
Synvisc is a viscous and elastic sterile mixture that is made up of hylan A fluid, hylan B gel, and salt water. The two hylans are manufactured from hyaluronan (sodium hyaluronate) that comes from chicken combs. Hyaluronan is a natural chemical found in the body and is present in a particularly high amount in joint tissues and in the fluid that fills the joint. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint, and is needed for the joint to operate properly. In osteoarthritis, there may not be enough hyaluronan, and there may be a change in the quality of the hyaluronan in joint fluid and tissues. Synvisc has comparable viscous and elastic properties to synovial fluid of 18- to 27-year-old healthy human knees. Synvisc is given by a series of injections directly into your knee.

WHAT IS SYNVISC USED FOR?
Synvisc is used to relieve knee pain due to osteoarthritis. It is used for patients who do not get adequate relief from simple painkillers or from exercise and physical therapy. The most pain relief and the greatest amount of treatment success occurred 8 to 12 weeks after Synvisc treatment began.

HOW CAN I GET MORE INFORMATION ABOUT SYNVISC?
If you have any questions or would like to find out more about Synvisc, you may call Wyeth Laboratories Inc., at 1-800-99-WYETH or fax (610) 964-5999.

CONTRAINDICATIONS
- Do not administer to patients with known hypersensitivity (allergy) to hyaluronan (sodium hyaluronate) preparations.
- Do not inject Synvisc in the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

WARNINGS
- Do not concomitantly use disinfectants containing quaternary ammonium salts for skin preparation because hyaluronan can precipitate in their presence.
- Do not inject Synvisc extra-articularly, or into the synovial tissues and capsule. One such systemic adverse event occurred following extra-articular injections of Synvisc in clinical use outside the U.S.
- Intravascular injections of Synvisc may cause systemic adverse events.

PRECAUTIONS
General
- The effectiveness of a single treatment cycle of less than three injections of Synvisc has not been established.
- The safety and effectiveness of Synvisc in locations other than the knee and for conditions other than osteoarthritis have not been established.
- Do not inject anesthetics or other medications into the knee joint during Synvisc therapy. Such medications may dilute Synvisc and affect its safety and effectiveness.
- Use caution when injecting Synvisc into patients who are allergic to avian proteins, feathers, and egg products.
- The safety and effectiveness of Synvisc in severely inflamed knee joints have not been established.
- Strict aseptic administration technique must be followed.
- STERILE CONTENTS. The syringe is intended for single use. The contents of the syringe must be used immediately after its packaging is opened. Discard any unused Synvisc.
- Do not use Synvisc if package is opened or damaged. Store in original packaging (protected from light) at room temperature below 86°F (30°C). DO NOT FREEZE.
- Remove synovial fluid or effusion, if present, before injecting Synvisc.
- Synvisc should be used with caution when there is evidence of lymphatic or venous stasis in that leg.

Information for Patients
- Provide patients with a copy of the Patient Labeling prior to use.
- Transient pain and/or swelling of the injected joint may occur after intra-articular injection of Synvisc.
- As with any invasive joint procedure, it is recommended that the patient avoid any strenuous activities or prolonged weight-bearing activities such as jogging or tennis following the intra-articular injection.
- The safety and effectiveness of repeat treatment cycles of Synvisc have not been established.
- The packaging of this product contains dry natural rubber latex.

Use in Specific Populations
- **Pregnancy:** The safety and effectiveness of Synvisc have not been established in pregnant women.
- **Nursing mothers:** It is not known if Synvisc is excreted in human milk. The safety and effectiveness of Synvisc have not been established in lactating women.
- The safety and effectiveness of Synvisc have not been established in children.

ADVERSE EVENTS
A total of 511 patients (559 knees) received 1771 injections in seven clinical trials of Synvisc. There were 39 reports in 37 patients (2.2% of injections, 7.2% of patients) of knee pain and/or swelling after these injections.

Ten patients (10 knees) were treated with arthrocentesis and removal of joint effusion. Two additional patients (two knees) received treatment with intra-articular steroids. Two patients (two knees) received NSAI... One of these patients also received arthrocentesis. One patient was treated with arthroscopy. The remaining patients with adverse event localized to the knee received no treatment or only analgesics.
Systemic adverse events each occurred in 10 (2.0%) of the Synvisc-treated patients. There was one case each of rash (thorax and back) and itching of the skin following Synvisc injections in these studies. These symptoms did not recur when these patients received additional Synvisc injections. The remaining generalized adverse events reported were calf cramps, hemorrhoid problems, ankle edema, muscle pain, tonsillitis with nausea, tachyarrhythmia, phlebitis with varicosities and low back sprain. In three concurrently controlled clinical trials with a total of 112 patients who received Synvisc and 110 patients who received either saline or arthrocentesis, there were no statistically significant differences in the numbers or types of adverse events between the group of patients that received Synvisc and the group that received control treatments. In clinical use in Canada (since 1992) and Sweden (since 1995), the most common adverse events reported have been pain, swelling and/or effusion in the injected knees. Other adverse events reported were one case each of: generalized urticaria; recurring small hives; pain on one side of the body with nausea, anxiety and listlessness; facial flush with swelling of lips; nausea with dizziness; and shivering with headache, nausea, respiratory difficulties; and prickling body which did not recur after subsequent Synvisc injections. No cases of anaphylaxis or anaphylactoid reactions have been reported. No deaths have been associated with the use of Synvisc. Intra-articular infections did not occur in any of the clinical trials, but have occurred in clinical use following Synvisc injections.

DISTRIBUTED BY:
Wyeth Laboratories Inc., A Wyeth-Ayerst Company
Philadelphia, Pennsylvania 19101
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74339-

I WENT TO BOOT CAMP

Continued

I drive to Rockville, Maryland, and wait in the parking lot while big, bad SUVs zoom into spots. The testosterone is palpable in the pitch-black air. "It's like a boys' club," Andy, a lawyer, explains as we put on our reflector ... "I come for three reasons: the ... the workout and ..."

... The only time there is any peace at all is at the end of the push-up sets.

Despite the fact that this class is definitely tough—longer sets of everything, plus pull-ups on the jungle gym—I somehow stagger to the end. Hooray! I follow the class into the gym, where Colonel whips out a bathroom scale and starts roll-calling. Amidst a chorus of groans, each man steps on the scale, and Colonel announces and records his weight. I ... to myself when one macho ... the scale and scampers ... ming, "I lost a pound!" ... mile is wiped off my face as the scale is placed at my feet. "You haven't completed the class until you get on the scale," Colonel informs me. Now, I might as well have an honorary Ph.D. in weigh-o-logy. I know the importance of always using the same scale—lest you be devastated by some irrelevant number. But the Colonel was adamant. "I'll make sure that no one will be able to see the number," he says. Summoning my nerve, I step aboard. "Melina Gerosa!" he thunders, and then *he yells out my weight*! And it isn't even my correct weight! It's five pounds *over*. The men don't *(continued)*

LHJ SPECIAL OFFER

In Remembrance of Diana

A touching look back on the life of the Princess of Wales

A LADIES' HOME JOURNAL SPECIAL PUBLICATION

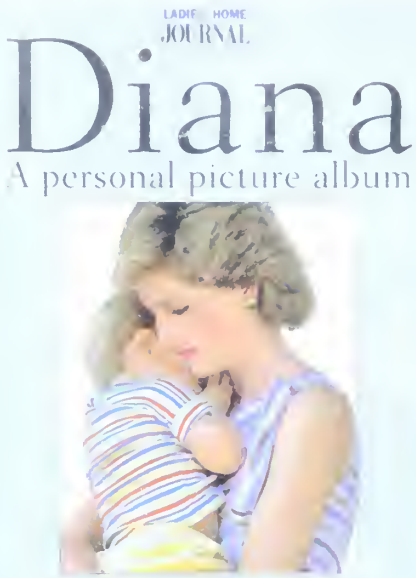
For more than sixteen years, Ladies' Home Journal chronicled the story of Diana as she evolved from an insecure young princess to a confident woman. In this special photo album, we celebrate Diana's life and the legacy she left behind.

This 114-page, full-color pictorial magazine sells for $9.95, which includes shipping, handling and applicable sales tax.

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Quantities are limited

A portion of the proceeds from the sale of this publication will go to The Diana, Princess of Wales Memorial Fund



THE PEOPLE'S PRINCESS



Diana: Portrait Of A Princess, by Royal photographer Jayne Fincher with Judy Wade, includes five hundred color photographs that capture the Princess's life from the fairy tale beginning to a few weeks before her untimely death. The text provides behind-the-scenes insights into her life and personality. Available by arrangement with Simon & Schuster, this 224-page hardcover book sells for $41.

Diana: Queen of Hearts is a moving film featuring dozens of exclusive interviews with those who knew the Princess of Wales best. This emotional and revealing documentary paints a lovingly detailed portrait of the extraordinary woman the world knew and adored. The 120- minute Hallmark film, by Artisan Home Entertainment, is a special presentation in loving tribute to Diana, the People's Princess ($24.95).



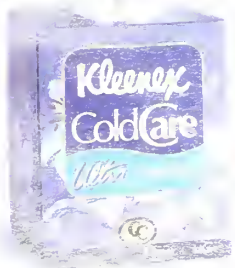
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[illegible] so hot and sweaty I'll [illegible] that I don't lose three pounds on the spot.

[illegible] Home

I head home to New York, where I call my friend Laura, a marathon runner who lives in San Francisco. "The three-hour boot camp, where you have to run up the mountain in a twenty-pound weighted vest? I've done that, too," she says, popping my bubble. It turns out the Marin County version makes my experience look like a trip to Canyon Ranch.

I decide to stop wasting time gabbing and start figuring out how to maximize the two weeks I have left. As sadistic as it sounds, I'm beginning to miss the aches that are leaving my muscles. Sarge is not surprised that I've become a lactic-acid junkie. "The pain that you feel is a stripe that you've earned," he explains. "Every time you move, you are reminded of your badge of honor."

So I go in pursuit of pain, signing up for the Total Body Conditioning class at my local gym. While I push myself harder in the classes than I do on my own, the truth is I miss, well, the meanness. At my gym, the instructors patiently wait while the women fumble around with the equipment. Meanwhile, I'm frustrated that the time could be spent doing Eight Count Body Builders!

So I weasel my way into the boot camp class at the Reebok Club/NY, a swanky gym where Jerry Seinfeld works out. The seventy-five-minute class, which is led by Keith Byard, a U.S. Marine Corps veteran, is actually more challenging than Sarge's class, even if Byard does leave the tough out of the love. "There is no yelling or punishing students, ever," he explains. "Whatever you put into it you'll get out of it."

With only one week left until Anguilla, I buy the book that Sarge [illegible] with Maryann Karinch, *Boot [illegible] Sergeant's Fitness and Nutrition Program* (Simon & Schuster, [illegible]), explains the workout, demonstrates how to use your furniture as exercise equipment, and offers tactics on how to eat and drink healthfully.

Although the assignments are [illegible] like comparing how much the chubby customers order at McDonald's compared to the thin ones, Sarge loses me on the workout. That's because it's missing the main ingredient: [illegible] I'm not going to do dips off my couch without a drill sergeant getting in my face. Case in point: I lie down to do crunches, and wake up [illegible] minutes later.

Still, the chapter on nutrition does make me think. "It's not about food, it's about habits," he says. "The best way to develop self-control is to pick a few habits you can change, and focus on them." Sarge's other basic rules make sense: Number one, never skip meals; number two, eat healthful snacks between meals to keep your blood sugar up; number three, don't eat past eight P.M., because the calories won't be burned as efficiently; and number four, drink so much water that your urine is clear.

I decide to follow Sarge's eating advice—after all, food is the enemy—and resume my normal workouts. I keep Sarge's reprimands in my ear—"Visualize your butt as a humongous greasy cheese pizza!"—to push myself even harder than my instructors do.

Ironically, the bikini that called reveille turns out to be a false alarm. It rains on Anguilla the entire week I'm there, and my bathing suit never even leaves my suitcase.

As I apply self-tanner to my thighs, I accept the fact that Calista Flockhart can still fit into one of my saddlebags. Boot camp, however, with no bust. No, I didn't lose the whopping ten pounds, but I definitely feel tighter, stronger and more buff than I did three weeks ago. And if I continue to put one running shoe in front of the other, with Sarge's "Hup-two-three-four!" in my ear, the bikini may even be too big by the Fourth of July. ●

Melina Gerosa is the entertainment editor of Ladies' Home Journal.

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WHY MEN DON'T DO MORE

We spoke with Ross Parke, Ph.D., a psychologist and co-author of the controversial new book Throwaway Dads: The Myths and Barriers that Keep Men from Being the Fathers They Want to Be *(Houghton Mifflin, 1999).*

LHJ: Let's cut to the chase. Why don't men help more with the kids?

RP: There are corporate barriers: It's difficult for men to take paternity leave, or to come to work late for a school play. Many fathers see their family role as discretionary. Last, I think women have a hard time relinquishing domestic control to men.

LHJ: Wait! Are you saying women are to blame?

RP: I'm not blaming anybody. But I do think if women want men to be more involved in child rearing, they have to relinquish some responsibilities. Because women haven't gotten their full due in the workplace, they tend to hold on to control on the home front.

LHJ: So, we're turf-guarding?

RP: Yes, to some degree. Women define men as helpers, not true partners. And men take their cues from that.

LHJ: How can we change that?

RP: You need to let men be full partners in parenting. Don't ask him to help; ask him to do his share. And adjust your standards; let men do things their way.

"What I Do For **Me**"

"Being with my one- and six-year-olds all day, all week is exhausting. When they came along, I gave up my passion, riding horses—there wasn't time. But I realized I needed to start being me again. Now I ride once a week; my husband minds the kids. It's a great escape. When I'm out barrel racing or on a trail, I don't have a single worry."

Kerri Whitten, 28, Templeton, Massachusetts

What do you do for yourself as a respite to life's many demands? We're looking for terrific ideas to share in this column. E-mail yours to Doforme@mdp.com.

WOMEN TO LEARN FROM

"I SWITCHED TO PART-TIME"

VITAL STATS: **Annette Fulton, 35, of Indianapolis. Married three years.**

LATEST PERSONAL ACCOMPLISHMENT: **A son, Matthew, nine months.**

LATEST PROFESSIONAL ACCOMPLISHMENT: **Persuading her employer, St. Francis Hospital and Health Centers, to change her full-time job as a marketing manager to a part-time one she can mostly do from home. (She's in the office only one day a week.)**

HOW SHE DID IT: **By presenting her boss with a detailed proposal on exactly what job functions she'd be able to perform on a reduced schedule, and suggesting how the rest of her duties could be farmed out.**

THE LOGISTICS: **Since Annette is now working twenty instead of forty hours, she's earning half of her previous salary. She also has a reduced number of sick and vacation days. She agreed to forgo insurance benefits (she is covered under her husband's policy).**



THE UPSIDE: **Being around for the baby; limited child-care costs.**

THE DOWNSIDE: **Having to cram work into the hours when Matthew is napping. Often having to work at night when she'd rather be relaxing.**

ON BALANCE: **"This arrangement works well for me at this point in my life."**

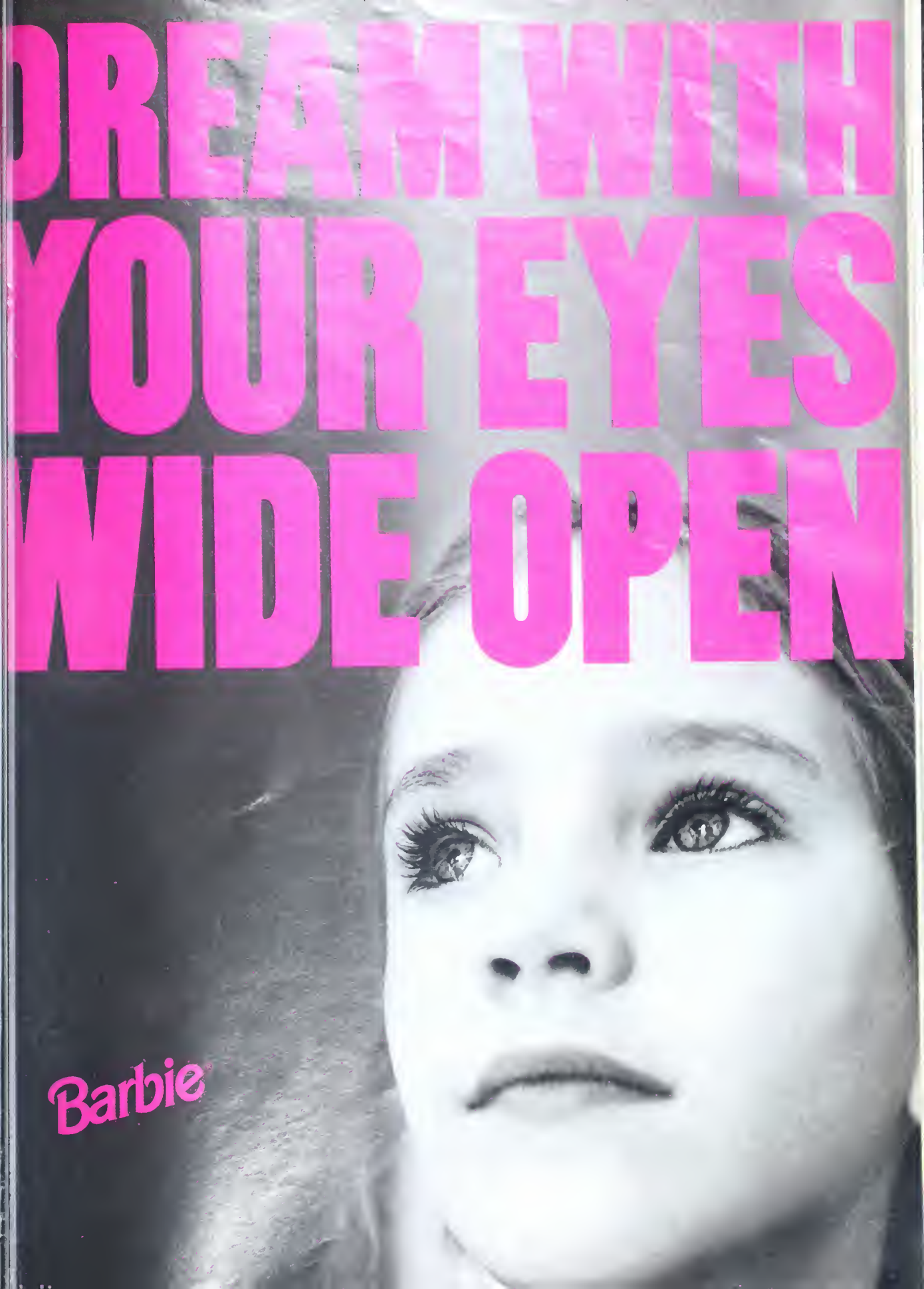
SHE CAN'T LIVE WITHOUT: **To-do lists. "I like to cross things off as I go."**

THE BEST PLACES FOR MOMS ONLINE

SITE	GO IF YOU'RE LOOKING FOR	WHAT IT IS	WHAT YOU'LL FIND	DON'T MISS
www.familyeducation.com	Ways to help your child in school	A site devoted to education and learning	Resources for parents of kids from preschool though high school. News and info about education policy. Advice from experts including teachers, administrators, learning experts	"Homework Help," links to resources on the Internet that kids can use for research projects
www.famil/play.com	Something to do with the kids on a rainy day	A source for ideas for family activities	Tools to help preschoolers and school-age children with all sorts of activities, from craft projects to homework. Chat rooms and message boards. Links to online games for kids	The "Development Tracker" provides year-by-year information on young children's development
[illegible]	Another mother to talk to at [illegible]	A place for moms to hash their issues	Chat rooms open twenty-four hours a day. Active message boards to discuss anything from diapers to driver's licenses. A weekly "Ma'zine" filled with essays, advice from experts, etc.	The "Daily Dish," an easy-to-prepare recipe updated every day
[illegible]	[illegible]	An online [illegible]	Busy chat rooms hosted by pediatricians, child-development experts and others. Articles by experts in health, education, [illegible] Directories of child-related resources	The "Kids Resume Maker," which allows you to compile your kid's skills and interests

—By Mary C. Hickey

DREAM WITH YOUR EYES WIDE OPEN



the Sportsaholics



Jessie, 12, relishes the thrill of victory



John, 38, awaits the next big play



Ian, 8, practices his kicks



Jana, 44, directs the action

For this family, athletics is the tie that binds. [illegible] for one dizzying weekend on [illegible] playing field

[illegible]el J. Weiss

Hello. This is a soccer family. If you've reached this message, it's probably because we're out scoring goals or blocking goals . . . or too tired to answer the phone. Leave a message, and as soon as we recuperate, we'll call you back.

It's early Saturday morning in Fort Collins, Colorado, and the Elliott family is preparing for its weekly disappearing act. At the kitchen counter, Jana, forty-four, and John, thirty-eight, stand hunched over soccer-team lineups, making last-minute changes while plates of scrambled eggs get cold. Lauren, fourteen, and Jessie, twelve, shoot past in search of clean shorts and missing socks. In the den, eight-year-old Ian is lacing up a pair of soccer shoes.

"Honey, where is your game?" Jana calls to Ian, without waiting for an answer. "I'll meet you there after I stop by the Pee Wee League games. Jessie! Look for your socks in the dryer. I did a load this morning before breakfast. Lauren, do you have a key? You need one because I won't be home after Jessie's game. Jessie! Get your socks!" Only the family's three dogs seem unaffected by the frenzy.

Forget soccer moms. The Elliotts are part of a new breed of soccer families, suburbanites who are devoted to sports—playing, coaching, and schlepping their children to and from games. Over the past decade, participation in team sports has grown—basketball by 26 percent, soccer by 18 percent, ice hockey by 13 percent. And moms are getting more involved: Today, *(continued)*



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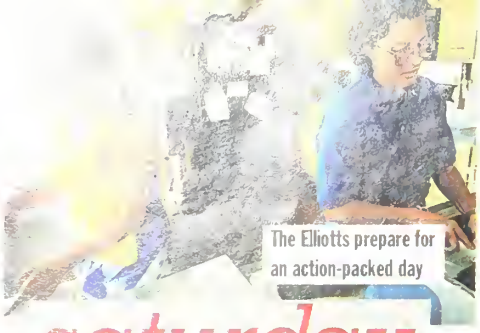
about 35 percent of soccer coaches are women, up from about 10 percent a decade ago. Women also constitute about one third of Little League softball coaches.

In an age when so many families are fractured by the demands of work, school and extracurricular activities, sports participation is often the tie that binds. The Elliotts train together, cheer each other on and empathize after a tough loss.

"Good luck. Have fun. Play hard."

It's not yet eight A.M. when Jana issues these last-minute instructions to John and Ian as they squeeze into the family's 1971 Volkswagen Beetle. She offers the same mantra almost every Saturday as John heads off to play in an adult softball league, before taking Ian to his soccer game. Most weekends involve tandem parenting, in which the couple shares coaching and carpool duties. It's been that way for more than a decade, ever since they got married.

The couple met in 1987, when John was Jana's softball team coach. A year later, they were married. Since then, sports has helped to bring their stepfamily closer (Lauren and Jessie are from Jana's previous marriage; Ian is their own child). Jana and John each coach a soccer team. Jessie plays for Jana's team, as well as a softball team; Ian is a member of John's team. Lauren coaches her own soccer team for girls under age nine and plays both soccer and softball. In addition, Jana works part-time for the Fort Collins Soccer Club, the largest in Colorado, and directs the city's Pee Wee Soccer League, overseeing 180 preschool players, their coaches and a squad of referees. John is a computer specialist, and he uses a laptop to keep track of the practices and games.



The Elliotts prepare for an action-packed day

saturday in the life of a soccer family

6:30 A.M. Jana Elliott gets up and starts doing laundry (uniforms need to be clean for today's games).
7:00 A.M. Jana prepares breakfast for the family.
7:15 A.M. Jana and husband John make last-minute changes to lineups for each of the soccer teams they coach.
7:45 A.M. John and son Ian leave for John's adult softball game.
7:50 A.M. Jana leaves to set up the Pee Wee League games.
8:45 A.M. Jana drives across town to watch John's game with Ian.
9:15 A.M. Jana rushes home to pick up daughters Jessie and Lauren, as well as one of Lauren's friends.
9:50 A.M. Jana drops off Lauren and her friend at their theater audition.
10:10 A.M. Jana and Jessie watch Ian's soccer game.
11:30 A.M. Jana takes Jessie to her competitive soccer game, which begins at 12:30, and spends the next two hours coaching her daughter's team. John, Ian and Lauren watch.
3:30 P.M. The family heads out for lunch, finally eating around 4.
6:00 P.M. The Elliotts return home, where they take hot showers and collapse on couches. Jana does a load of laundry.
9:30 P.M. Lights out. Tomorrow's another game!



John cheers on the young players



Resting between games on couches

Today, the first day of soccer season, Jana is a whirlwind as she drops off balls and goals at different fields and meets with referees for pregame pep talks. Within a half hour, she drives off to a softball field across town. Soon, she's cheering on John's team, her arm around Ian.

Two innings later, Jana rushes home to take Lauren to a theatrical audition and Jessie to Ian's soccer game. Both girls are waiting impatiently in the front yard.

"Mom, you're late," says Jessie.

"I am not," replies Jana. "There's plenty of time."

Jana sighs. Sometimes she feels that she spends half her weekends in the minivan. Each year, she clocks some twelve thousand miles traveling to games, and has come to regard the minivan as a mobile home. The Elliotts eat meals there, catch up on plans and share dreams on the long trips to tournaments. Right now, the minivan is a noisy asylum, as Jessie cranks up a rock station and Lauren sings warm-up exercises.

Lauren gave up sports for a season when she entered an advanced academic program in high school; she didn't think she'd be able to juggle academics, soccer and softball, and her longtime passion—acting. But she found that she missed the games, so she decided to make time for them.

With two minutes to spare, the minivan pulls up to the school where auditions are being held. It's not yet ten A.M., and Jana has already logged fifty miles driving around town. Checking her watch, she scowls. She and Jessie are late for Ian's game.

Jana doesn't like to call herself a soccer mom—"A coach is different from someone who hangs out with the other parents," she says—but she's happy to sit on the sidelines while John coaches Ian's *(continued)*


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team, the Rapids. John prowls up and down the field, encouraging the seven- and eight-year olds. "Go, Alex. I J, spread out. Atta-boy, turn and burn." Jessie helps her stepfather coach while Jana sits in the grass, applauding good moves and wringing her hands at flubs. When John inserts Ian as a goalie during the second half of the game, Jana yells, "Be a wall, Ian."



The sporting life (clockwise, from top left): Jana, John, Jessie, Lauren and Ian

The strategy doesn't work. The other team scores once, then a second time. A chorus of parents emits a groan. A new goalie is sent forth, and Ian returns to playing offensive forward. But soon he wants to sit with Jana. "Someone kicked the ball into my neck," he whimpers.

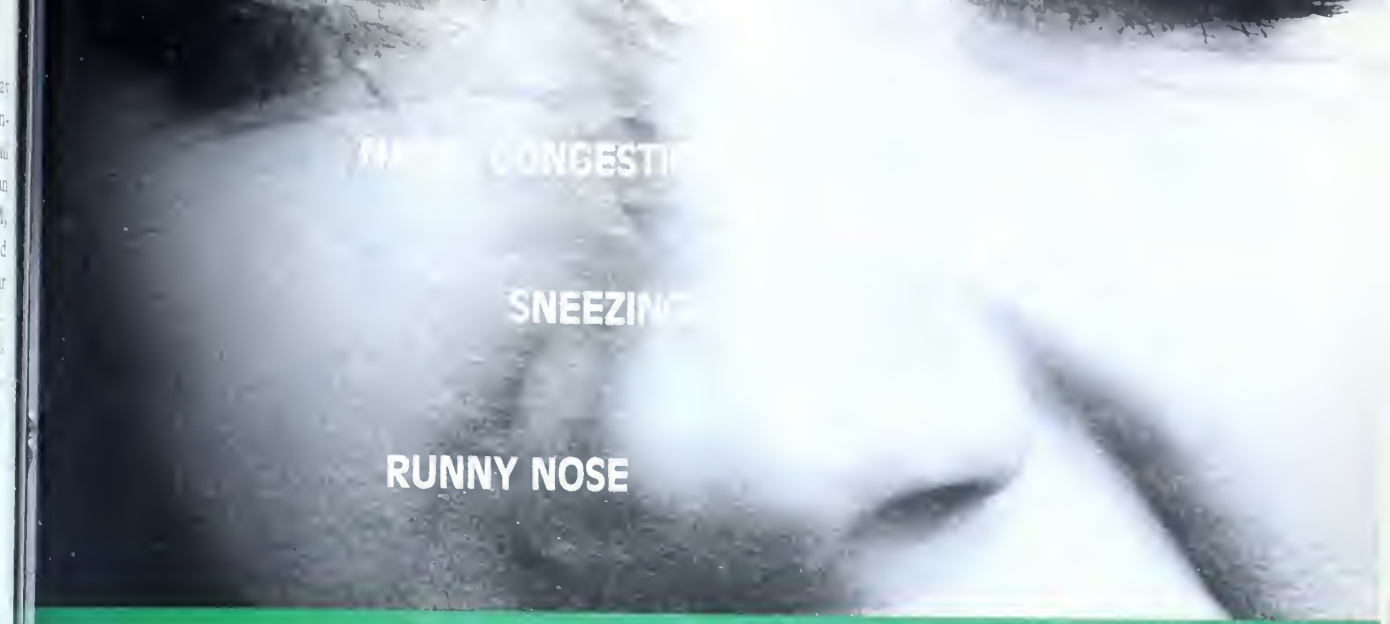
"It doesn't look so bad," says Jana, checking him over.

"I don't want to play anymore," says Ian. "I'm just going to get beat up." He curls up in Jana's lap, now oblivious to the game.

John stops by to check on Ian, then hurries back to the field. The game ends; the Rapids lose 6 to 0. The Elliotts rarely get caught up in the thrill of victory or the agony of defeat. Rather, they focus on the children's performances.

After Ian's game, the Elliotts head to another playing field. It's kickoff time for Jana's competitive soccer team, the Fort Collins Arsenal, one of the top clubs in Colorado for [illegible]

[illegible] more of [illegible] in a [illegible] [illegible] [illegible]



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[illegible]

[illegible] administration [illegible]
known. The [illegible]
ment to the risk is also not known. Exposed children [illegible]
[illegible]
[illegible] with pooled immunoglobulin [illegible]
[illegible] prescribing information [illegible]
chickenpox develops, treatment with [illegible] agents may be indicated.

PRECAUTIONS:

General: Rarely, immediate hypersensitivity reactions may occur after the administration of FLONASE Nasal Spray. Rare instances of wheezing, nasal septum perforation, cataracts, glaucoma, and increased intraocular pressure have been reported following the intranasal application of corticosteroids, including fluticasone propionate.

Use of excessive doses of corticosteroids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or reduction of growth velocity in children or teenagers. Physicians should closely follow the growth of children and adolescents taking corticosteroids by any route, and weigh the benefits of corticosteroid therapy against the possibility of growth suppression if growth appears slowed.

Although systemic effects have been minimal with recommended doses of FLONASE Nasal Spray, potential risk increases with larger doses. Therefore, larger than recommended doses of FLONASE Nasal Spray should be avoided.

When used at higher than recommended doses or in rare individuals at recommended doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of FLONASE Nasal Spray should be discontinued slowly consistent with accepted procedures for discontinuing oral corticosteroid therapy.

In clinical studies with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with FLONASE Nasal Spray. Patients using FLONASE Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

FLONASE Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infection; untreated local or systemic fungal or bacterial, or systemic viral, infections or parasitic infections; or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Information for Patients: Patients being treated with FLONASE Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a discussion of all possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox or measles and, if exposed, to consult their physician without delay.

Patients should use FLONASE Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 12 hours after starting therapy with FLONASE Nasal Spray. Results in several clinical trials indicate statistically significant improvement within the first day or two of treatment; however, the full benefit of FLONASE Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens. For the proper use of the nasal spray and to attain maximum improvement, the patient should read and follow carefully the patient's instructions accompanying the product.

Drug Interactions: In a placebo-controlled, crossover study in eight healthy volunteers, coadministration of a single dose of orally inhaled fluticasone propionate (1000 mcg) 5 times the maximum daily intranasal dose) with multiple doses of ketoconazole (200 mg) to steady state resulted in increased mean fluticasone propionate concentrations and decreased plasma cortisol AUC, and no effect on urinary excretion of cortisol. This interaction may be due to an inhibition of the cytochrome P450 3A4 enzyme system by ketoconazole, which is also the major route of metabolism for fluticasone propionate. No drug interaction studies have been conducted with FLONASE Nasal Spray, but care should be exercised when fluticasone propionate is administered with long-term ketoconazole and other known potent CYP 3A4 inhibitors.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in mice at oral doses up to 1000 mcg/kg (approximately 20 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis, assuming 100% absorption) for 78 weeks and in rats at oral doses up to [illegible]

[illegible] Spray, 50 mcg

[illegible] up to 300 mcg/kg
[illegible] intranasal dose in adults
[illegible] fluticasone propionate
[illegible] established low
[illegible] PHARMACOLOGY
[illegible] oral administration of
[illegible] approximately 4 and 25 times,
[illegible] intranasal dose in adults on a

[illegible] studies in pregnant women
[illegible] only if the potential benefit

[illegible] production in pharmacologic,
[illegible] are more prone to teratogenic
[illegible] addition, because there is a
[illegible] pregnancy, most women will
[illegible] many will not need corticosteroids

Nursing Mothers: [illegible] fluticasone propionate is excreted in human milk following administration of inhaled fluticasone propionate [illegible] approximately 1/3 the maximum recommended daily [illegible] (mg/m² basis) resulted in measurable radioactivity in milk. [illegible] corticosteroids are excreted in human milk, caution should be exercised when FLONASE Nasal Spray is administered to a nursing woman.

Pediatric Use: [illegible] hundred children patients aged 4 to 11 years of age and 440 [illegible] years were studied in US clinical trials with fluticasone propionate nasal spray. The safety and effectiveness of FLONASE Nasal Spray in children below 4 years of age have not been established.

[illegible] to the clear extent, inhaled and intranasal corticosteroids have been shown to have the potential to cause a reduction in growth velocity in children and adolescents with extended use. If a child or adolescent on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: A limited number of patients above 60 years of age (n = 132) have been treated with FLONASE Nasal Spray in US and non-US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients.

ADVERSE REACTIONS: In controlled US studies, 2427 patients received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes, and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle itself. The complaints did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle placebo and active comparators.

Systemic corticosteroid side effects were not reported during controlled clinical studies up to 6 months' duration with FLONASE Nasal Spray. If recommended doses are exceeded, however, or if individuals are particularly sensitive, or taking FLONASE Nasal Spray in conjunction with administration of other corticosteroids, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

The following incidence of common adverse reactions (>3%, where incidence in fluticasone propionate-treated subjects exceeded placebo) is based upon seven controlled clinical trials in which 536 patients (57 girls and 108 boys aged 4 to 11 years, 137 female and 234 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 2 to 4 weeks and two controlled clinical trials in which 246 patients (119 female and 127 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 6 months. Also included in the table are adverse events from two studies in which 167 children (45 girls and 122 boys aged 4 to 11 years) were treated with FLONASE Nasal Spray 100 mcg once daily for 2 to 4 weeks.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in Controlled Clinical Trials With FLONASE Nasal Spray in Patients ≥4 Years With Seasonal or Perennial Allergic Rhinitis

	Vehicle Placebo (n = 758) %	FLONASE 100 mcg Once Daily (n = 167) %	FLONASE 200 mcg Once Daily (n = 782) %
Headache	14.6	6.6	16.1
Pharyngitis	7.2	6.0	7.8
Epistaxis	5.4	6.0	6.9
Nasal burning	2.6	2.4	3.2
Nausea/vomiting	2.0	4.8	2.6
Asthma symptoms	2.9	7.2	3.3
Cough	2.8	3.6	3.8

Other adverse events that occurred in ≥3% but <1% of patients and that were more common with fluticasone propionate (with uncertain relationship to treatment) included: blood in nasal mucus, runny nose, nasal irritation, abdominal pain, diarrhea, fever, flu-like symptoms, aches and pains, dizziness, bronchitis.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, occurrence during clinical trials, or a combination of these factors.

General: Hypersensitivity reactions, including angioedema, skin rash, edema of the face and tongue, pruritus, urticaria, bronchospasm, wheezing, dyspnea and anaphylaxis/anaphylactoid reactions, which in rare instances were severe.

Ear, Nose, and Throat: Alteration or loss of sense of taste and/or smell and, rarely, nasal septal perforation, nasal ulcer, sore throat, throat irritation and dryness, cough, hoarseness, and voice changes.

Eye: Dryness and irritation, conjunctivitis, blurred vision, glaucoma, increased intraocular pressure, and cataracts.

OVERDOSAGE: Chronic overdosage with FLONASE Nasal Spray may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Intranasal administration of 2 mg twice daily (the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one bottle of FLONASE Nasal Spray contains approximately 8 mg of fluticasone propionate.

[illegible] and subcutaneous median lethal doses in mice and rats were [illegible] >2000 and >1000 times, respectively, the maximum recommended [illegible] nasal dose in adults and >10000 and >20000 times, respectively, the [illegible] recommended daily intranasal dose in children on a mg/m² basis).

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August 1998

time to attend church, relax over t[illegible] Sunday paper, or watch night newscasts. But she tries to make su[illegible] the kids have time *away* from spor[illegible] She was thrilled when Ian joined t[illegible] Cub Scouts, and makes a point [illegible] helping to build sets for Laurer[illegible] theatrical productions. When the[illegible] are no Saturday games, she looks t[illegible] other way as Jessie vegges out [illegible] front of the TV for hours.

The family's go-go-go pace also e[illegible] acts emotional costs. At times, the ki[illegible] feel attention-starved. "When Jana ge[illegible] home, Ian doesn't let her out of h[illegible] sight," says John, who also wishes I[illegible] had more time with his wife. Abo[illegible] once a season, John asks, "Wh[illegible] about *me*?" Recently, the Elliotts e[illegible] forced a family rule that all the ch[illegible] dren have to be in their rooms b[illegible] nine P.M. so the adults can be alone[illegible]

Still, Jana claims that the excit[illegible] ment of competition more than con[illegible] pensates for such costs. On Sunda[illegible] the Arsenal is participating in a tou[illegible] nament game against their archriv[illegible] in Denver. The Arsenal girls pla[illegible] gamely but after ten minutes, the[illegible] give up one goal and, two minut[illegible] later, a second. At halftime, Jan[illegible] pushes them to play for team prid[illegible] Seemingly inspired, the girls retur[illegible] to the field with renewed vigor an[illegible] manage to send a corner kick pa[illegible] the opponent's goalie. For Jana[illegible] team, it's the first goal of the season[illegible] "We have to do it again," Jana say[illegible] matter-of-factly. The girls don't, bu[illegible] they leave the field with their head[illegible] high in the 2-to-1 loss.

In this mood of weary hope, Jan[illegible] and Jessie head home to For[illegible] Collins. Over the weekend, the El[illegible] liotts have played in five games[illegible] coached three, and spent nearly ever[illegible] waking minute cheering each othe[illegible] on. By ten-thirty on Sunday night[illegible] the house is quiet, the answering ma[illegible] chine silent. And for sporting fami[illegible] lies, sometimes that's the sweetes[illegible] sound of all. ●

Michael J. Weiss is a contributing edito[illegible] to Ladies' Home Journal.

Buy a plant, make a difference.

Ladies' Home Journal has teamed up with Goldsmith Seeds, Inc. to raise funds for breast cancer research and The Susan G. Komen Breast Cancer Foundation in a program known as Memories, Milestones & Miracles.

Goldsmith Seeds is one of the world's largest flower breeders and has bred the *Accent Miracle Collection* impatiens for Memories, Milestones & Miracles. This is an exclusive mixture of three pink shades of impatiens, which is symbolic of breast cancer memories, milestones and miracles.

The *Accent Miracle Collection* impatiens will be available for a limited time (May 1-June 30), in 12-inch hanging baskets and many other assorted containers, at select garden centers nationwide.

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Memories Milestones & Miracles

LADIES' HOME JOURNAL

GOLDSMITH SEEDS, INC

SUSAN G. KOMEN FOUNDATION



In the News:

THE POWER PILL

Some old misperceptions die hard. Take the Pill: Many people still worry about this birth-control method's link to breast cancer and heart attack—concerns that really haven't been valid for decades. In fact, the latest research does more than confirm the Pill's safety: It suggests that the drug may be one of the most powerful preventive medicines around.

In the years after 1960, when the Pill was introduced, use of the contraceptive *was* found to pose serious health hazards. But back then the Pill had about five times more estrogen and ten times more progestin than today's formulations. A recent analysis of virtually every study addressing the breast-cancer issue found that lower-dose Pill use does not increase a woman's risk of disease. As long as you don't smoke and are otherwise healthy, you can probably safely take today's Pill until menopause.

But it is our growing understanding of the Pill's health benefits that is prompting more doctors to prescribe it, even when it isn't needed for birth control. Being on the Pill for as little as one year cuts risk of ovarian cancer by about 40 percent and uterine cancer by 40 to 50 percent. And the benefits mount the longer you take it. After a decade, for example, a Pill user's risk of ovarian cancer is 80 percent lower than a nonuser's. "I don't know of any other prescription I can write that will cut a woman's risk of a deadly cancer by that amount," says David Grimes, M.D, a clinical professor of obstetrics and gynecology at the University of North Carolina School of Medicine, in Chapel Hill. Similarly, the Pill helps prevent uterine fibroids, endometriosis and ovarian cysts—all noncancerous conditions that can cause pain and infertility.

Still other benefits of the Pill include fewer acne flare-ups, less-painful periods, protection against pelvic inflammatory disease and a reduction in ectopic pregnancies.

—Kathleen McAuliffe

BODY BRIEFS



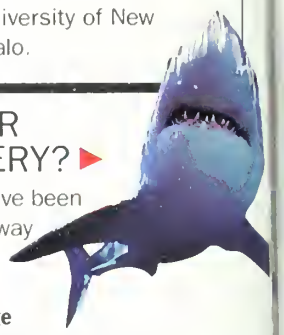
EARLY-BIRD MYTH

Scientists recently found that **people who go to bed early and get up with the roosters are no healthier or smarter** than those who stay up late and rise late, according to the *University of California–Berkeley Wellness Letter.*

GOT MILK (AND OJ)

People who consumed too little calcium as young adults and who have diets low in vitamin C have **twice the risk of getting gum disease** than those who ate more of either nutrient, say experts at the State University of New York at Buffalo.

CURE OR QUACKERY?



Though they've been touted as a way to shrink tumors, **shark cartilage supplements failed to slow the spread of cancer** of the breast, colon, lung, rectum or prostate in a study published in the *Journal of Clinical Oncology.*

FRIENDLY SKIES

Contrary to popular belief, **recirculating air on an airplane is not the culprit that spreads infections,** say Stanford University researchers. Colds and flu are usually picked up from armrests or washroom basins. The best defense is frequent handwashing.



BEACH BUMMER

Be sure to change your bathing suit before the car ride home from the shore. **Sitting around in a damp suit can cause feminine itching and infection,** warns Adelaide Nardone, M.D., a gynecologist in Mount Kisco, New York.

recommended most:

\,rek-ə-men'd-ed most\ adj.: a course of action doctors subscribe to or advocate above all others for a particular ailment or condition.

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8. Sore throat pain	
9. Musculoskeletal pain	
10. Traumatic injury pain	
11. Common cold discomfort	
12. Carpal tunnel syndrome pain	
13. General pain (mild to moderate)	
14. Burn pain	
15. Contusion pain	
16. Otitis media pain	
17. Fracture pain	

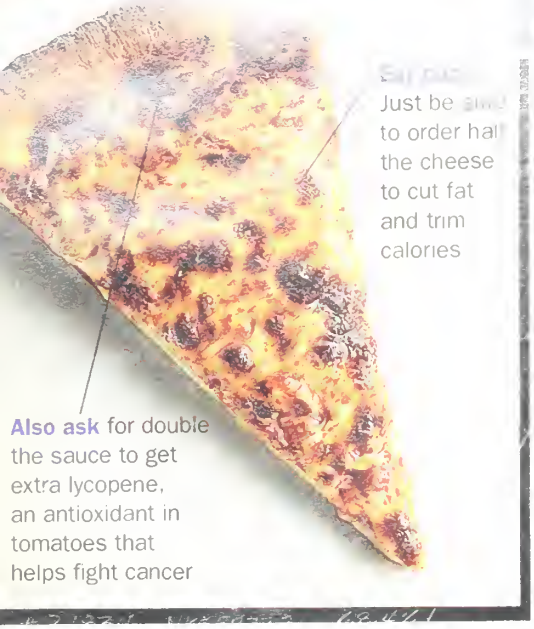
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NO-BRAINER NUTRITION



Say pass. Just be sure to order half the cheese to cut fat and trim calories

Also ask for double the sauce to get extra lycopene, an antioxidant in tomatoes that helps fight cancer

Don't fall for silly fad diets (cabbage soup at every meal!) in part because they make food choices *simple*. But healthy eating doesn't have to be hard work, says Kathleen Zelman, R.D., a spokesperson for the American Dietetic Association, in Chicago. In fact, by following these simple tactics, eating right becomes almost no trouble at all.

- SELECT A SPECTRUM OF COLORFUL FOODS—almost a guarantee that you're eating a balanced diet. And remember—with fruits and vegetables, strong color is usually a sign of nutritional superiority. For example, dark leafy greens are more nutrient-dense than pale ones.
- HAVE A SNACK EACH DAY AT THREE O'CLOCK, a time when blood sugar tends to drop. Munch on an apple or low-fat yogurt to beat the lull.
- PUT FRUIT IN YOUR CEREAL. Try blueberries, which contain anthocyanins—antioxidants that can protect against heart disease.
- ORDER DESSERT. Satisfying your sweet tooth could stave off cravings later, and by "saving room for dessert," you'll be less inclined to clean your dinner plate. Just ask for two spoons and share.
- BUY ORANGE JUICE, COTTAGE CHEESE AND RICE that are calcium-fortified to help boost your calcium intake and prevent osteoporosis. —Nicci Micco

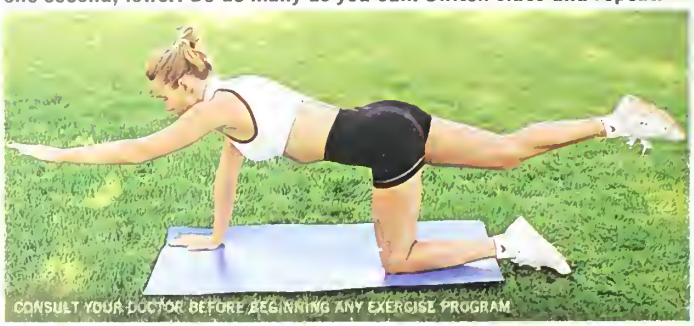
Ask Your Doctor

How frequently should I replace my toothbrush?

When you see that the bristles are bent, frayed or worn, it's time for a new brush, says Kimberly Harms, D.D.S., a spokesperson for the American Dental Association, in Chicago. Generally, this means about every three months. A soft-bristled brush in good condition can properly clean beneath your gums, but worn bristles lose the ability to slide underneath the tissue. (Hard bristles lack the flexibility to do this in the first place.) Also, buy a new brush after getting over a cold. —Mary Mertz

LOWER-BACK REHAB

Try this exercise to relieve lower-back pain, says Michael Reisin, a trainer at Equinox Fitness Club, in New York City. Start on all fours. Raise one arm forward as you kick the opposite leg straight back. (Your foot and hand should come up just above your body.) Hold for one second; lower. Do as many as you can. Switch sides and repeat.



Know Your Nose

CHARTING YOUR HEALTH

One out of six Americans has allergies, but many of us don't know what, exactly, we're allergic to. If you're a sniffler and sneezer, diagnose the cause with this mini guide. —*Christine Many*

Allergen	Symptoms	Treatment
MOLD	Runny nose and sneezing that gets worse in mid-autumn, when outdoor mold grows on decaying leaves and grass. Southerners may suffer all year.	Use a dehumidifier in musty areas. Watch for mold in carpeting, plant soil, rotting wood floors or windowsills, damp firewood and water-damaged wallpaper.
	nose all spend	To reduce dust mites, encase your bedding in airtight or allergen-proof covers; wash sheets weekly in very hot water. Keep windows shut to reduce air flow.

of Texas Southwestern Medical Center at Dallas

PHOTOS: BILL OLD; PETER HOLLENBACH; DAVID KELLEY

True, it's not as good as a mother's kiss



but it's just as fast.

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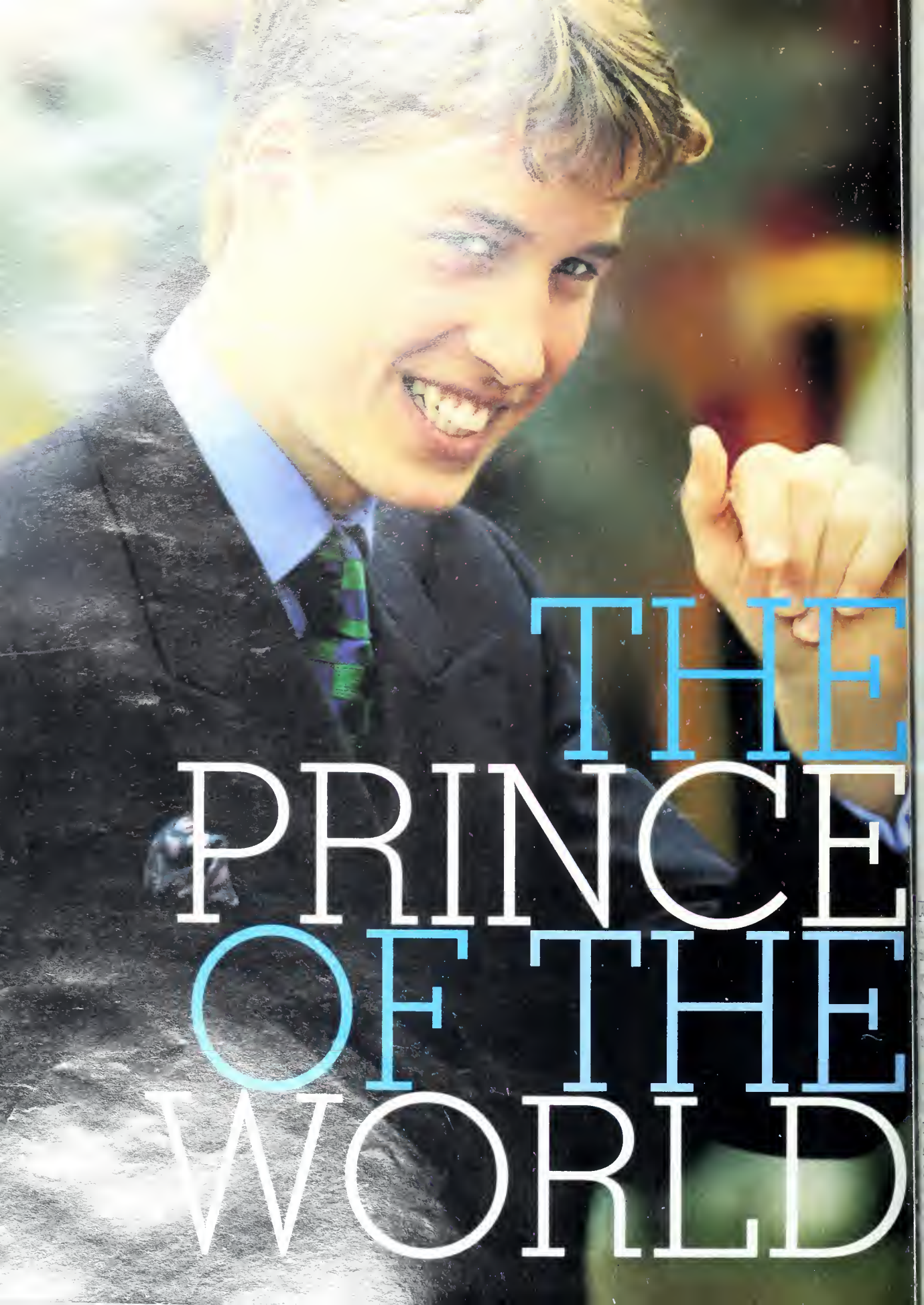


The first First Aid Kit with Ready-To-Use treatment pouches.

Remember the times when you ran home with a boo-boo? Nothing could make you feel better than mom's kiss. Now that you're the mom, you probably know that it takes a little more than a kiss to treat your children's injuries. That's where FIRST AID TO GO!™ comes in. Along with all the essential first aid supplies, it has new ready-to-use treatment pouches that are organized by injury so you can easily find what you need to help. That's why it's the best way to provide instant care for your child. Aside from your kiss.

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THE
PRINCE
OF THE
WORLD

AS HIS SEVENTEENTH BIRTHDAY APPROACHES, WILLIAM IS ONE OF THE MOST POPULAR TEENAGERS ON THE PLANET. BUT DOES THIS SHY, PRIVACY-LOVING PRINCE HAVE WHAT IT TAKES TO ONE DAY BE KING? HERE, A CLOSE-UP OF THE BOY BEHIND THE THRONE BY ROBERT LACEY



LAST SPRING, PRINCE WILLIAM went out for a night on the town in London with a group of friends. Among them was a beautiful twenty-four-year-old blond, and according to a waiter at the Foxtrot Oscar restaurant, the Prince was definitely smitten. "He was gazing adoringly into her eyes," reported the server, "and hanging on to her every word."

The notion of William in love sent England's tabloid newspapers into a spin. It soon turned out that the young lady in question was "family"—Emma Parker Bowles, the niece of Charles's companion, Camilla—and Emma's friends hastened to scoff at any suggestion of a Royal romance. "There is nothing improper about their relationship," said one of her circle. "Emma is someone [William] can trust."

But that did not stop the British press from leaping on the story. The tabloid business has been quiet since Diana died, and the Princess's tall and handsome elder son offers the most appealing prospect that glamour and sex appeal will soon be ingredients in Britain's Royal soap opera once again.

The story had added piquancy for Emma's being related to Camilla Parker Bowles, the woman Diana blamed for breaking up her marriage. But here again the papers got it wrong. Before her death, Diana had become surprisingly reconciled to her rival—she told friends she'd come to realize that Camilla was good for Charles.

In forging a relationship with Camilla, it was William who set the pace, inviting his father's companion to help him stage the program of surprise skits and spoofs that he and his fourteen-year-old brother, Prince Harry, arranged for Charles's fiftieth birthday party last year. And Camilla's two children, Tom, twenty-four, and Laura, twenty, are the Prince's frequent companions on *(continued)*

WHO IS HE REALLY LIKE?

For years William was more like his mother's son than his father's. But today, almost two years after Diana's death, has the young Prince become more like his dad, or is he turning out [illegible] parents? You be the judge.







PUBLIC PERSONA	Initially dubbed "Shy Di," she quickly learned how to work a crowd. With her dedication to charity, she was crowned "the people's Princess."	Stiff and formal in public, he was always outshone by Diana. Since her death, he has tried to shed his cold, seemingly uncaring manner.	Shy in crowds, William blushes easily. Although he's as photogenic as his mother, he tries to avoid having his picture taken at all costs.
SENSE OF STYLE	A fashion icon, Diana brought glamour to the Royal Family.	When it comes to clothes, Charles is conservative, even stuffy. His typical uniform is a suit and tie.	William chooses and shops for his own clothes. He dresses formally for public appearances, but like any teen, he prefers casual clothes, such as khakis and jeans.
ACADEMIC PERFORMANCE	Academics were not Diana's strong point; she failed many subjects. "I'm as thick as a plank," she once admitted.	A decent, though unremarkable, student, Charles did attend Cambridge University.	Perhaps the brainiest Royal in centuries, William gets As and Bs in subjects that would have stumped Mom—such as geography.
HOBBIES	Diana, who once wanted to be a dancer, loved the ballet. She did not like riding or hunting.	Charles prefers intellectual pursuits, such as painting and critiquing architecture, but has been rumored to talk to plants. He rides and hunts.	A natural athlete, William has inherited his mother's swimming prowess. He enjoys hunting and fishing.
RELATIONSHIP WITH THE QUEEN AND PRINCE PHILIP	Diana once said, "I get on very well with [the Queen and Prince Philip], but I don't go out of my way to have tea with them."	Charles has always had a distant relationship with his mother, who was aloof, and a lifelong fear of his father, who is said to have bullied Charles as a child.	William is very close to his grandfather and often goes hunting with him. He has tea with the Queen almost every Sunday.
RELATIONSHIP WITH SIBLING(S)	Diana was fairly close to her two sisters. As a child, she looked out for her younger brother, Charles Spencer, but in later years, the two grew apart.	Charles and his brothers, Andrew and Edward, and sister, Anne, are friendly, but hardly affectionate.	William is a loving and protective big brother to fourteen-year-old Harry.
RELATIONSHIP WITH CAMILLA	Diana blamed the woman she called "The Rottweiler" for the breakup of her marriage.	Camilla and Charles are reportedly all but living together. "They are as in love as can be," according to one friend of the couple. Earlier this year, the two made their first public appearance, as hundreds of paparazzi recorded the moment.	His mother might not approve, but William likes Camilla and is said to enjoy her sense of humor. He even hangs out with her children, Laura and Tom, and may have a crush on her niece.











ontinued) weekends. The two Parker Bowles daughters introduced him to trendy nightspots such as Chelsea's Bluebird Bar—where William reportedly hung out until one thirty in the morning this past spring.

Clearly, the young Prince is coming into his own. He now has his own apartment at St. James's Palace and comes and goes as he pleases. Once he turns seventeen on June 21, he plans to get his driver's license. "He has become his own man," longtime Royals watcher James Whitaker observed recently. "He has a strong personality."

And while he resembles his mother more and more every day, emotionally, William is much more like the Windsors, his father's family, than anyone ever would have guessed. He is stoic, levelheaded, and has inherited his father's sense of duty and discipline, family friends say. But there is one important difference between William and Charles: William has much more self-assurance than his father has ever had.

The Private Prince

William also cares more deeply about his privacy than any other Royal before him. With his mother's good looks and star quality, he has become a teen idol, much to his dismay. In 1998, *People* magazine named him one of "The Fifty Most Beautiful People in the World." British newspapers have dubbed him "His Royal Sighness," and young girls around the world are hanging his pictures on their bedroom walls. In the last few years, William has received hundreds of Valentine's Day cards from his female fans, and when he went to Canada with his father and brother in 1998, thousands of shrieking teenage girls gathered to greet him. Some shouted, "William, will you marry me?"

But while the Prince graciously greeted his fans, [illegible] blushing furiously. He [illegible] uncomfortable with all the [illegible]. Sometimes he just doesn't understand all the [illegible] he's getting explained to him by his friends. He wants to be a normal guy.

He [illegible] a chance to date without making headlines, and the [illegible] to his dinner with Emma Parker Bowles [illegible] that this will be nearly impossible. Perhaps there is nothing that unnerves the young Prince more than the glare of the media spotlight. William loathes the press, and to him the word "journalist" is practically an obscenity. It was the press, he believes, who hounded his mother to her death.

William has always been genuinely bashful, and he has often had to be coaxed to pose for official photo calls. On skiing vacations with his parents when he was younger, the Prince used to deploy Royal press aides as shields, hiding behind them so he wouldn't be caught on camera. Now, at six-two, he is quite impossible to conceal. So more recently, William let his father and Harry go off to the slopes—and to meet the paparazzi—without him. He stayed happily at home, in the comparative privacy of the Queen's estate at Sandringham.

His deep need for privacy provides one important key to understanding who William is—and what he may, or may not, become in the future. Some Palace insiders worry that the sensitive and reflective William may someday decide that he does not need the irritation or the attention that comes with the crown, and that he simply does not wish to become King.

What Will His Future Hold?

Those who are closest to William are doing their best to support him. Charles is trying to *(continued on page 173)*

THE PRINCESS BRIDE

At five P.M., on Saturday, June 19, there will be cause for celebration in the Royal Family. That's when Prince Edward, thirty-four, will marry his longtime girlfriend, Sophie Rhys-Jones, also thirty-four.

But the joyous occasion will be nothing like the pomp and ceremony of Charles and Diana's wedding in 1981. Since the last four major Royal weddings ended in divorce, it seems that no one—even the Queen—is quite sure how to celebrate this one.

Edward and Sophie—a working girl who co-owns a public-relations firm in London—have dated since 1993,



when they met at a public-relations event. The relationship grew serious soon after that, and Sophie has been living in Buckingham Palace for some time. (Though she and Edward insist they are not living together, there were press reports that the Prince was caught tripping over the Royal corgis during a late-night visit to her room.) The Queen, who has always had a soft spot for her youngest son, is very fond of Sophie. She has offered to foot the bill for the wedding. After their marriage, the couple will move into a house of their own, Bagshot Park, with eighty-seven acres.

(continued on page 172)

THE CASE OF THE MISSING 50 POUNDS

Here are the facts: You have the right to wear clothes that look good and the right to feel comfortable in them. That's not always easy in bare or fitted summer styles, but each of these women found a way to dress light and hide ten pounds. Turn the page to find out how they concealed the evidence. . . .




Twinset accused of adding on one layer too many: PROSECUTION, GIVE IT A REST
Matte jersey fabric slandered as a highlighter of figure flaws; time to call in a MATERIAL WITNESS
Believes that flat-front pants are for flat tummies only, but PANTS WIN ON APPEAL

CASE CLOSED

When undercover secrets were revealed, all unfair charges against the clothes were dropped and they became this season's dress-thin, wearable favorites

THE ELEMENTS OF DRESS-THIN STYLE
From left: 1: Lavender tee, Newport News, $10.99; skirt, Lerner New York, $39; sandals, Petra; necklace, Sage for Metropolitan Design. 2: Hooded tee, Ballinger Gold, $43; pants, Garfield & Marks, $189; sandals, Hush Puppies/John Bartlett; sunglasses, Calvin Klein. 3: Twinset, Anthropologie, $88 cardigan, $58 camisole; cotton twill skirt, Liz Claiborne Classics, $68; sandals, Petra. 4: Dress, Liz Claiborne Collection, $110; [illegible] watch, Tag Heuer; Fendi [illegible] J.Crew, $188; [illegible]ne, $120; tank, A.B.S. [illegible]



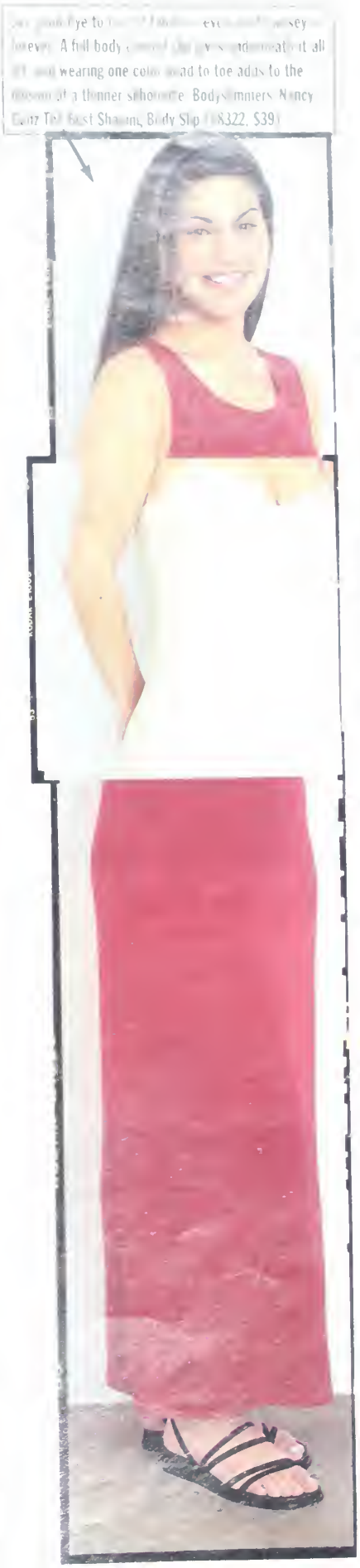
A seamless underwire minimizer bra is a must under body-conscious clothes to control bounce; the nylon/spandex half-slip flattens waist and thighs. Fool the eye with cut and color, too, like this long straight skirt in chocolate brown. Bra Minimizer by Lilyette (#0410, $23); Bodyslimmers/Nancy Ganz The Hip Slip with lace hem and [illegible] underwear (#8310, $29.50)

A thigh-shaper molds and lifts rear so pants drape, not cling (Vanity Fair Comfort Contour thigh shaper, #41113, $24, with no-ride silicone trim). Always top relaxed-fit pants with something more fitted, and don't forgo up-front support (Bali Silken Luxury Underwire Bra, #3640, $28)





A tank-top twinset doesn't have to mean double trouble. You just need a strapless underwire minimizer with good support like this one from Va Bien (#508, $27), which has flexible boning on the sides. Other undercover slimming strategies: High-cut V-kini panties eliminate saddlebag pinch under tapered skirts; these, Bali All That Shines (#8742, $9



[illegible] Eye to [illegible] ever [illegible] sey forever. A full body [illegible] wearing one color head to toe adds to the illusion of a thinner silhouette. Body shimmers Nancy Ganz Tell Fast Shapers, Body Slip (#8322, $39)



For trim-fitting pants, a panty shaper (this one, Wonderbra's satin high-cut leg with tummy panel and 10 percent spandex; #7163, $12) holds things firm. Wear a base of black and throw on a tailored jacket to help camouflage hips and tummy, too. Victoria's Secret lace bra (#3622, $32)

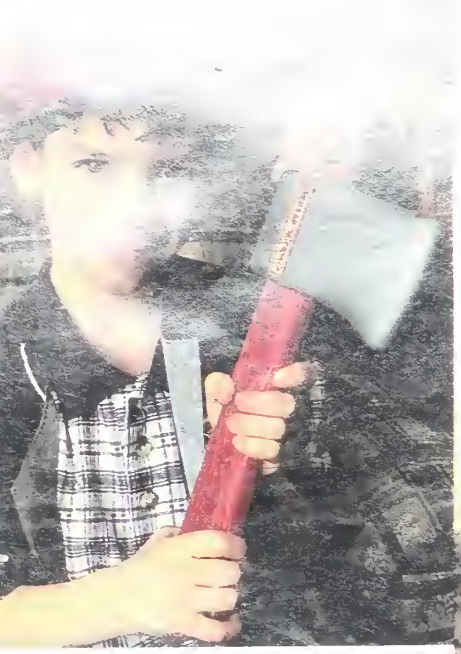
Six turn Six



IN 1993, THE WORLD MARVELED AT THE DILLEY SEXTUPLETS. NOW, THE CHILDREN CAN'T WAIT TO SEE THE TV MOVIE ABOUT THEIR MIRACULOUS BIRTH. BY KATHRYN CASEY

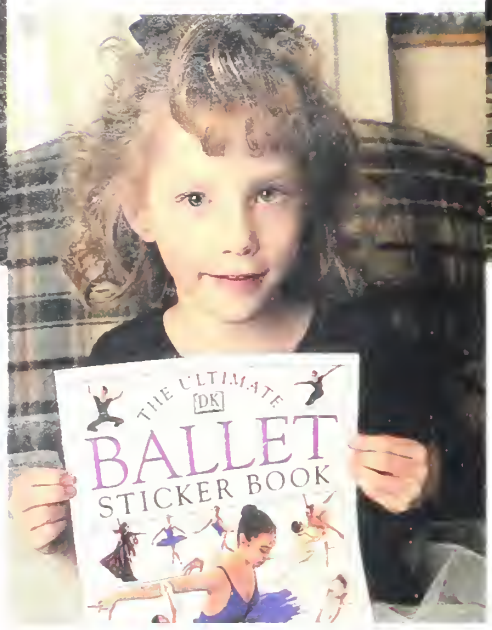


Clockwise from top left: Becki helps Claire dress; Brenna does the dishes—one of the kids' favorite chores; the girls dance on their bed; group TV time (they love Nickelodeon—and videos of themselves); Mom always has time for hugs; a sibling conga line. What's surprising about parenting sextuplets? "They've been so much fun," says Becki. "It's not just work."



▲ Adrian ("The Big A"). The tallest and last-born. Career goal: To be "a firefighter who gots a farm."

Claus Bear").
Ballerina. On
family manager:
"I keep everybody in
line." Role model:
Mother Teresa.





▲ Julian ("Jules"). Future veterinarian who cares for six hermit crabs and a stuffed do "Sometimes I forget and Mommy feeds them. But mostly I do."

"READY TO ORDER?" Claire asks, standing next to the only table in her small café. She holds a basket of today's special: packets of assorted crackers and cheese. But before Brenna, the town doctor, can answer, local lawman Quinn rushes toward the ladies from his police station beneath the stairs, trailed by the fireman, Adrian. Quinn fires a pop from his pistol, and both public servants hastily retreat, chuckling merrily. "*Quinnnn*," Claire wails. "You boys, *stop* it."

Just steps away in his grocery store, Ian busily tidies his goods while resident veterinarian Julian examines a stuffed dog. "I think he's sick," he pronounces, nodding knowingly. "He's probably going to need medicine." Welcome to Dilley Town, the basement playland of the Dilley kids, America's first surviving sextuplets, as they celebrate their sixth birthday.

It's been a hectic but rewarding six years for their parents, Keith and Becki, filled with milestones, laughs, tears and publicity. Not only did the Dilleys garner their share of headlines when the children were born, [illegible] ABC News has sent Diane Sawyer to report on them [illegible] were three months old. "The kids [illegible] who happens to be on TV." [illegible] Your Home" as the kids [illegible] birthday and [illegible] The [illegible] the kids are comfortable with it. "What mother doesn't enjoy talking about her children?" says Becki, smiling.

This month, the family will be in the spotlight yet again as the subjects of an ABC TV movie, *Half a Dozen Babies*. Over the years, other production companies had talked to Becki and Keith about dramatizing their life, but, she explains, "It seemed too weird." They finally said yes when *Half a Dozen*'s producers approached them last year, because "we've grown so much past that point, it seemed almost like a retrospective," she says.

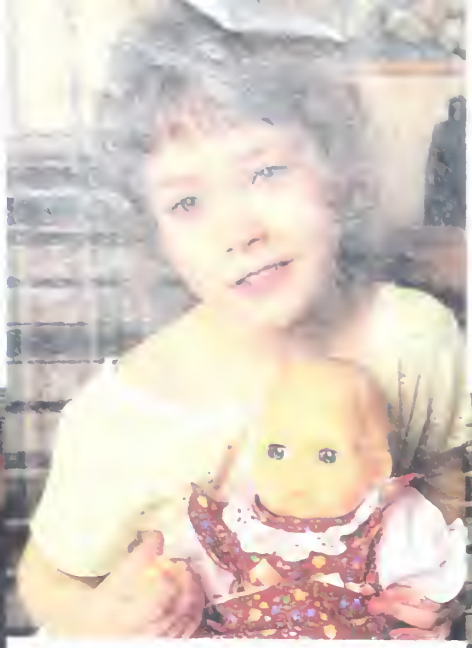
The movie recounts Becki's five-year struggle to conceive—she finally became pregnant after taking fertility drugs—and continues through the children's birth and first year. Soap stars (and real-life couple) Scott and Melissa Reeves play Keith and Becki, and a host of twins and triplets play the tiny Dilleys.

The family recently returned from a trip to Toronto to see the filming, and meeting the actor babies was the high point for the kids. "Julian wanted to pull 'his' twins [in a wagon]," says Becki. "He didn't want to pull Quinnie's twins, just his." Brenna was so enamored of the three babies who played her that she asked for triplet sisters as a birthday gift.

While traveling, the family is used to people staring, asking for autographs and taking pictures. "I tell the kids to line up and smile, and then we go on," says Becki. At home? "Usually people just say, 'Here come the Dilley kids.'"

an ("Eenie"). Shines ballet class. Two ars ago, he wanted to arry Pocahontas. ow, "I'm going to arry Chelsea. She's in ndergarten."





▴Brenna ("Bren"). Future doctor. Backstreet Boys and Leonardo DiCaprio fan. The best thing about being a sextuplet: "We play baby dolls and tea set and stuff."

▾Quinn ("Quinnie"). Future police officer. Biggest problem with law enforcement: "I put people in my jail, but they keep escaping."



Becki, thirty-three, and Keith, thirty-five, love the small town of Berne, Indiana, the place they chose to call home two years ago when the cost of raising the children in their sprawling Indianapolis house proved too burdensome. The money they've saved as a result has allowed them to cut their combined workweek; Keith works four ten-hour days as a United Airlines reservations supervisor in Fort Wayne, while Becki, a licensed practical nurse, works from home part-time as a telephone consultant.

There are few luxuries in the Dilleys' modest but cheerful three-bedroom home. Becki spends less than $100 a week on food, forgoing extras like convenience foods and soft drinks. "We do a lot of soup and casseroles," she says. Of course, there are bigger expenses looming ahead: glasses and braces, car insurance—and, of course, six simultaneous college-tuition bills. "We're not destitute," says Becki, who maintains they're not worried. "We're probably like most middle- to lower-middle-class Americans."

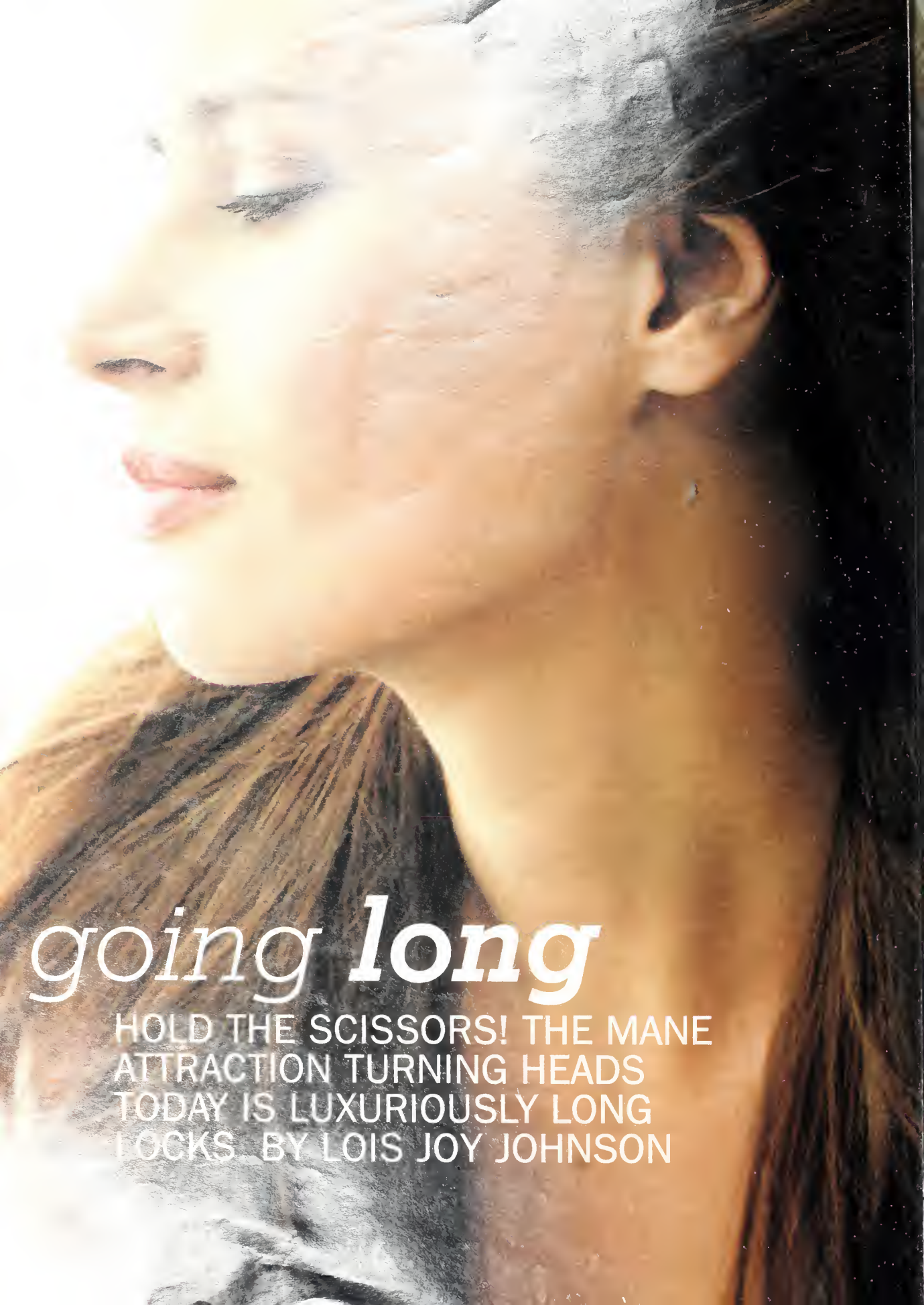
On weekends, to give the children personal attention, they fan out: Two spend the night with Becki's parents, who also live in town; two stay with her grandparents at their nearby dairy farm; and two stay home with Mom and Dad. Becki says it's "like being on vacation." The six also get one-on-one time with a parent or grandparent as a reward for good behavior.

The siblings' personalities are clearly distinct. Claire, says Becki, is "the most intuitive, an old soul. When I have to leave the room, I always put Claire in charge. Adrian and I have the same bouncy personality. Julian is like Keith, very temperamental. Brenna's our nurturer, and Ian's very artistic. Quinn has a strong sense of justice. When [the kids] aren't listening to me, he'll tear up. It's almost like, 'I can't believe we're doing this to you.'"

After hearing the Dilleys' story, Rosie O'Donnell had a much-needed second bathroom and playroom built onto the back of their house; construction ended last fall. The now bigger house seems impossibly neat and organized to have so many children scurrying about. "It's not hard," says Becki. "Keith and I pick up, and the kids have gotten that from us. Plus, everyone has their duties." This week, while Brenna claims dish detail ("I'm a good washer," she boasts), Claire is the household-cleaning apprentice; Quinn, tidying-up supervisor; Ian, meal helper; Julian, pet personal assistant; and Adrian helps with the laundry.

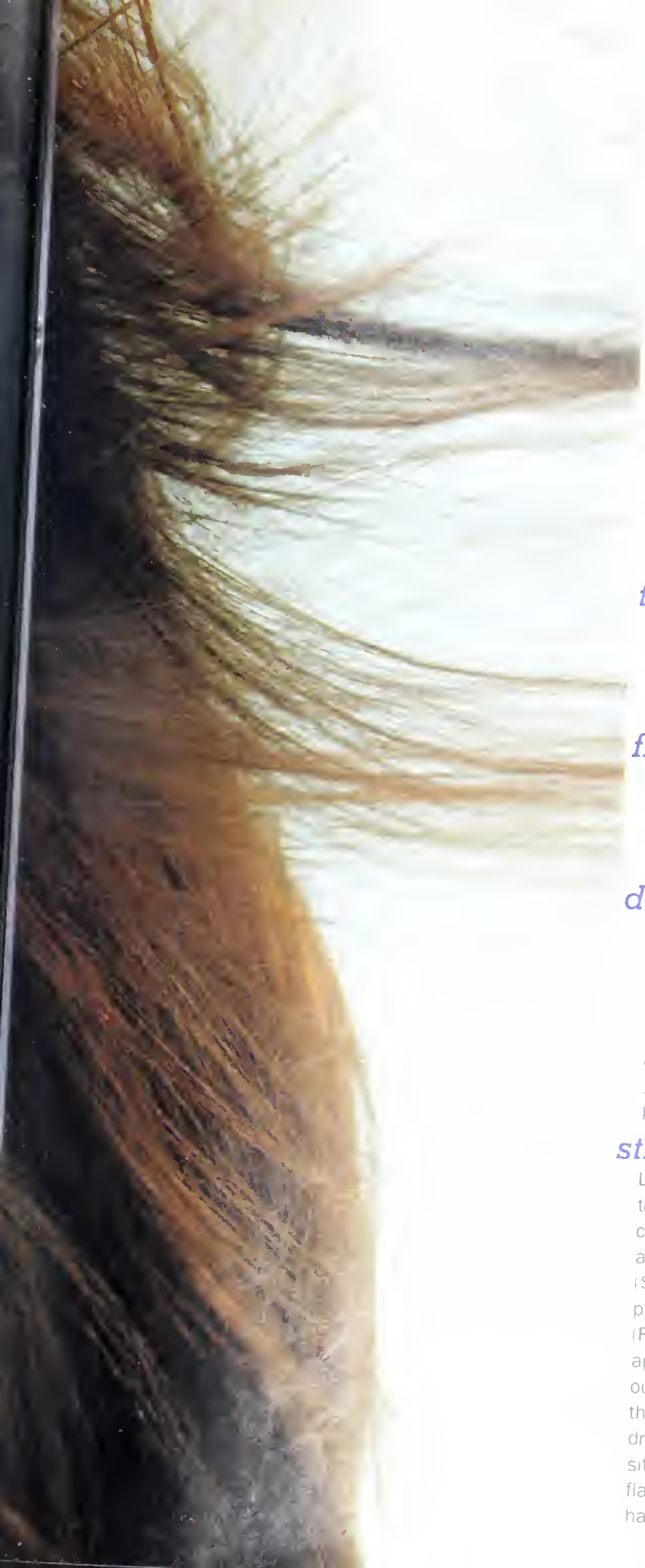
Chores kick in at breakfast time, especially on the three days a week the sextuplets attend an afternoon parochial preschool in a nearby town, their tuition donated by parishioners. They're divided, three and three, into separate classes. (Ian confides that Adrian is the class troublemaker: "We don't do what Adrian says.")

Becki, who had been raised *(continued on page 170)*



going **long**

HOLD THE SCISSORS! THE MANE ATTRACTION TURNING HEADS TODAY IS LUXURIOUSLY LONG LOCKS. BY LOIS JOY JOHNSON



the long and short of a trend

Unless you're using hair dye, it's best to wait at least four weeks between trims. Every four weeks is optimal, but if you're on a budget or have a busy schedule (or both), that's OK. Just be sure to maintain your shape.

the split end

Trim split ends every other time you wash your hair. Start each shampoo with a clarifying conditioner. As a final step to blow-drying, use a silicone serum or spray, such as Paul Mitchell The Shine Serum ($13.50) or ARTec Texturshine spray ($11.95), to keep hair smooth. If split ends have become noticeable, massage the ends with a moisturizing styling cream like Aveda Pure Fume Brilliant Thermal Styling Creme ($14), and make an appointment for that routine two- to three-month trim that long hair requires.

tackle tangles

Apply a detangler such as Senscience Body & Shine Daily Detangler ($8.50). Starting from ends, not scalp, with a wide-tooth comb, gently comb in sections to unknot hair.

fight flyaways

Rub a dab of styling cream, such as Wella Liquid Hair Crystal Sealer ($8.50), on hand, then lightly over hair. Or, rub a fabric-softener sheet over hair after blow-drying—it really works.

don't go broke

Nothing thwarts the growing-out process more than breakage, so try a heat-activated shampoo or conditioner like those by Vidal Sassoon, Thermasilk and Suave that release moisture when you blow-dry. Also, avoid daily washing and drying, and use a dryer like Conair's Chrome 1875 Watt Dryer ($24.99), which has three heat settings and a cool-shot finisher button.

straight talk

Long hair certainly is great straight, but be sure the technique that gets you sleek doesn't cause damage. Use a moisturizing shampoo and conditioner, like Clairol Daily Defense 3 ($3.49), and blow-dry in sections, with a flat paddle brush, starting with the underlayers. (For curly hair, stick to a big round brush and apply a straightening gel.) Pull down—not out—on each section with the brush, angling the dryer nozzle down with it. (For a pro blow-dry demonstration on video, log on to our Web site: *www.lhj.com/beauty*) If you choose a flattening iron to go straight, always protect hair with heat-activated products.



GROWTH SPURTS: A LONG LOCKS TIMETABLE

Starting at chin length

6 months

1 year

18 months

2 years

3 years

4 years

growing pains **Hair grows about a half inch a month. And although it may seem to run counter to your cause, be sure to get regular trims during the growing phase, particularly if you've got layers. As the layers get evened up and the choppy look disappears, your hair will look healthier and start to give the illusion that it is longer.**

overextended **So, if it takes [illegible] to grow, how do celebs like [illegible] hunk [illegible] to go long overnight? The antidote is [illegible]**

MY DA

LHJ Articles Editor Pamela Guthrie O'Brien always goes to great lengths to get the story—and this time was no exception.

I woke up one morning ready for a change. I was bored with my basic bob; what I really wanted was something fun, exciting, sexy. In short, I wanted long hair.

Thanks to hair extensions, I got it instantly. Well, sort of. The extensions, dyed to match my own color, were applied with glue—a two-hour process. (Don't even ask about removing them—ouch!) But when I saw the finished product, I decided it was worth it. My new do was beautiful!

Walking down the street, I felt downright glamorous. I not only looked like a new woman, I felt like one.

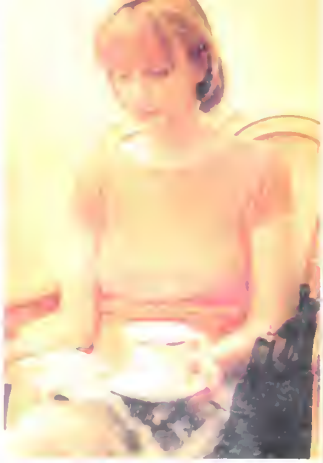
At first, no one recognized me. Not my co-workers, not my closest friends—not even my own husband! As I was waiting for Dave to meet me for dinner that night, he walked right by me, not more than ten feet away. Seconds later, when he realized it was me, his eyes widened in shock. "Wow!" he said, touching the hair. "I can't believe it."

So would I wear hair extensions again? Maybe. But next time, I'd prefer something that doesn't require glue. Hmmm. I wonder how I'd look as a brunet?

WITH LONG HAIR







While the old me (far right) waits to get my new hair, Roque, of the Oribe Salon, in New York City, blow-dries the extensions to straighten them. Then, he shows me how they'll look. Twelve extensions are painstakingly glued to my scalp under my own hair. By the time the process is finished, the hair is secure enough to survive a hurricane. And I'm wondering how—and if—they'll *ever* come off.







Transformation complete, I head to the train station, where the clerk I've been buying my ticket from for years does a double take when he sees me. "I like your hair!" he says. I do, too—until it gets caught in my shoulder bag for the hundredth time as I run to catch the train.





At work, my colleagues are stunned when they see me. "Is it real hair? Can I touch it?" several of them ask. "I think you should keep it," one of the guys in the mail room advises me. But length does have its drawbacks: It's tough to cradle the phone without pulling on my hair. And every time I lean over to look at photos or read a manuscript, it falls in the way.









Now a hair junkie, I stop by the newsstand to check out the latest hairstyle fashion mags. Later, at dinner, my husband can't stop playing with my new locks. Clearly, he approves, and we both thought it was fun—for one day.

EVEN READING AN AD TAKES ENERGY.

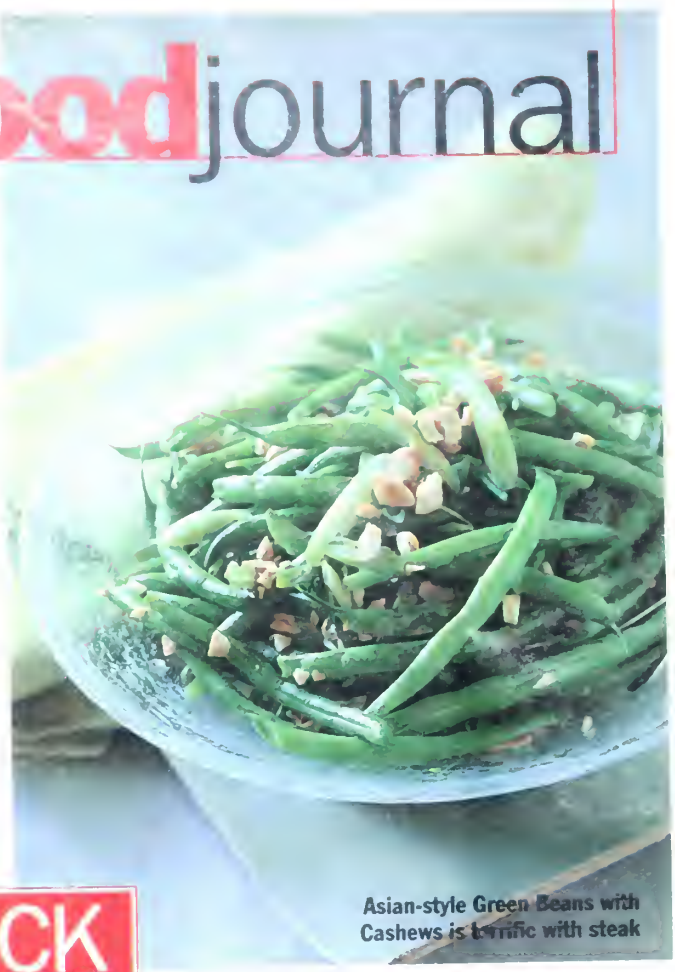


TRY IT FOR SEVEN DAYS.
DISCOVER THE ENERGY OF GRAPE-NUTS.

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Tarragon Coleslaw Salad—tasty, cool refreshment



Asian-style Green Beans with Cashews is terrific with steak

QUICK SIDES

To keep summer entertaining carefree and delicious, we created two easy-on-the-cook menus for summer gatherings, plus these three side dishes that go with everything. Other tastes of the season to enjoy: fresh peas, the perfect lemonade and apricot pie



Creamy Blush Potato Salad features roasted tomatoes and fresh basil

Asian-Style Green Beans With Cashews

Tender-crisp beans tossed in a lemon-ginger vinaigrette make for the simplest of summer-fresh sides.

Prep time: 15 minutes **Cooking time:** 7 minutes
Easy

2 pounds green beans, trimmed
3 tablespoons rice-wine vinegar
2 tablespoons vegetable oil
1 teaspoon grated fresh ginger
1 teaspoon salt
¼ teaspoon sugar
¼ teaspoon grated lemon peel
⅔ cup sliced green onions
½ cup chopped roasted cashews, divided

1. Bring a large saucepan filled two thirds with water to a boil; add beans. Cook beans until just tender, about 7 minutes. Drain in colander under cold running water.
2. Meanwhile, combine vinegar, oil, ginger, salt, sugar and lemon peel in large bowl. Add beans, green onions and ¼ cup of cashews; toss well and transfer to serving bowl. Sprinkle top with remaining ¼ cup cashews. Serve immediately. Makes 6 cups.

Per ½ cup: 75 calories, 5 g total fat, 1 g saturated fat, 0 mg cholesterol, 233 mg sodium, 7 g carbohydrates, 2 g protein, 31 mg calcium, 2 g fiber

Coleslaw

Recipe of the Month
Tarragon and orange juice add a flavor spike to this traditional picnic favorite, and white balsamic vinegar replaces the usual mayonnaise.

Total prep time: 30 minutes
Easy

½ cup fresh orange juice
½ cup white balsamic vinegar (or white-wine vinegar with 1½ teaspoons sugar)
3 tablespoons olive oil
2 tablespoons chopped fresh tarragon
2 teaspoons salt
1 teaspoon sugar
½ teaspoon freshly ground pepper
1 head (3 lbs.) green cabbage, thinly sliced
2 cups shredded carrots

Whisk together orange juice, vinegar, oil, tarragon, salt, sugar and pepper in large bowl. Add cabbage and carrots; toss and serve. (*Can be made ahead. Cover and refrigerate up to 4 hours.*) Makes 10 cups.

Per ½ cup: 40 calories, 2 g total fat, 0 g saturated fat, 0 mg cholesterol, 249 mg sodium, 6 g carbohydrates, 1 g protein, 37 mg calcium, 2 g fiber

QUICK SIDES

Foolproof Piecrust

"Blind baking"—partially or fully baking a piecrust before it is filled—prevents the crust from shrinking during baking and keeps the bottom crust crisp and flaky. Tear 2 sheets of parchment paper or foil larger than the pie plate. Prick bottom of pastry with a fork. Press paper into an unbaked pie shell, turning back the ends to cover pastry edge. Fill pie plate with dry beans; bake until edge of pastry is set and lightly colored. Remove paper and beans. (Reserve beans for later use.) For a fully baked crust, continue to bake until bottom and sides are golden brown.



Creamy Blush Potato Salad

It's not red potatoes but pan-roasted tomatoes that give this salad its pinkish hue and great taste.

Prep time: 13 minutes. **Cooking time:** 15 to 17 minutes
Easy

2¼ pounds white potatoes, scrubbed
3 teaspoons salt, divided
2 large plum tomatoes (6 oz.), diced
3 tablespoons finely chopped onion
½ cup mayonnaise
2 tablespoons white balsamic or white-wine vinegar
½ teaspoon freshly ground pepper
5 large fresh basil leaves, thinly sliced

1. Cut potatoes into 1-inch pieces. Bring potatoes, 2 teaspoons salt and enough cold water to cover by 2 inches to boil in large saucepan. Cook 15 to 17 minutes, until fork-tender. Drain potatoes in colander. Rinse under cold running water just until cooled to room temperature. Drain again.
2. Meanwhile, cook tomatoes in nonstick skillet over medium-high heat 3 to 4 minutes or until thick; cool.
3. Combine tomatoes, onion, mayonnaise, vinegar, remaining teaspoon salt and pepper in food processor; puree until smooth. Transfer to medium bowl.
4. Set aside 1 tablespoon basil strips. Add potatoes and remaining basil to dressing; toss to coat. Sprinkle top with reserved basil. Makes 6 servings.

Per serving: 270 calories, 15 g total fat, 2 g saturated fat, 11 mg cholesterol, 896 mg sodium, 31 g carbohydrates, 4 g protein, 30 mg calcium, 4 g fiber

Recipes by Cynthia DePersio

PHOTO, ANN STRATTON PROP STYLIST, HELEN CROWTHER FOOD STYLIST, DORA JONASSEN

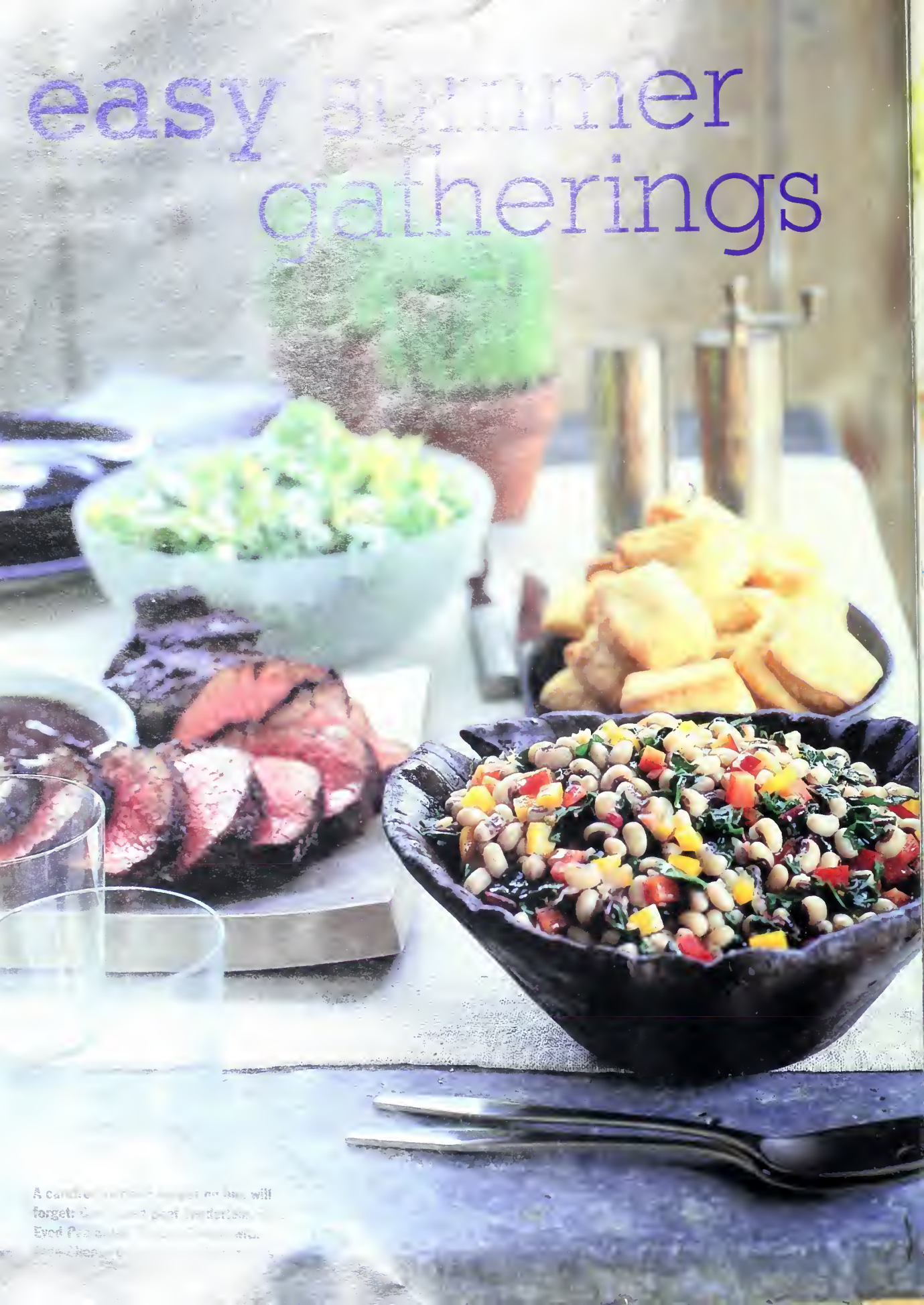
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ADD A SLICE AND YOU WILL FIND
MORE THAN JUST A SPICY DOT
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It's round. It's around.
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easy summer gatherings







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Kick off the party with **Shrimp and Jicama Salsa** or **Mini Crab Cakes.** For the grand finale to satisfy the sweet tooth: our stunning **Pecan-Nectarine Layer Cake**





easy summer [illegible]



Spice [illegible]
Grilled Turkey [illegible]
with Peppers and Chile
Mayonnaise [illegible]
Zucchini Salad and
Grilled Red Onions with
Watercress



MINI CRAB CAKES

Food Editor's Favorite

Use top-grade chunks of lump or jumbo crabmeat for these tasty little bites.

Prep time: 45 minutes plus chilling
Baking time: 10 to 13 minutes
Easy

7 slices firm white bread, cut up
¼ cup mayonnaise
1 large egg
1 tablespoon red pepper sauce
1 tablespoon fresh lemon juice
1 teaspoon Worcestershire sauce
½ teaspoon salt
¼ cup finely minced celery
¼ cup minced red bell pepper
2 tablespoons minced onion
1 pound fresh lump or jumbo crabmeat, or 1 can (16 oz.) refrigerated, pasteurized crabmeat, pick[illegible]
2 tab[illegible] ch[illegible]
[illegible]
[illegible]
Red [illegible]
Hot [illegible]
[illegible]

2. Whisk mayonnaise, egg, red pepper sauce, lemon juice, Worcestershire sauce and salt in bowl. Stir in ¾ cup of the bread crumbs, celery, bell pepper and onion. Gently stir in crab. Cover and refrigerate 2 hours.
3. Transfer remaining bread crumbs to large shallow dish; toss with parsley. Place a 25-inch-long piece of waxed paper on flat surface. Pack a level measuring tablespoon with crab mixture and drop onto breadcrumbs; gently turn to coat and shape into 1½-inch cake. Place on waxed paper. Repeat.
4. Heat oven to 350 F. Lightly coat a large cookie sheet with vegetable cooking spray. Heat 1½ teaspoons oil in a large nonstick skillet over medium-high heat. Add [illegible] about 8 to 10 crab cakes to [illegible] skillet and cook 1½ to [illegible] minutes per side, until [illegible] Transfer to [illegible] pan [illegible] Repeat with [illegible] and crab [illegible] Cake [illegible] *ahead.*
[illegible]
[illegible]

[illegible] (16 oz.) [illegible] crabmeat, pick[illegible]
[illegible]
[illegible]
*

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JELL-O
smile more

GOAT CHEESE WITH ANCHO CHILES

The sweet raisin-like flavor of the chiles with a bit of heat complements the creamy tart goat cheese. Tip: Plan ahead. The cheese needs to marinate in the refrigerator for several days for the ancho oil to work its magic.



Total prep time: 30 minutes plus marinating
Easy

*1 package (1¼ oz.) ancho chiles**
1 cup olive oil
1 (10- or 11-oz.) log soft goat cheese
1 cup fresh cilantro leaves
1 baguette, sliced and toasted

1. Place chiles in large bowl. Add enough hot tap water to cover. Let stand 15 minutes, until softened. Remove stems and any seeds. Pat dry and tear chiles into medium nonstick skillet over low heat 3 to 5 minutes, until slightly darkened.
2. Add oil to skillet. Gently warm chiles in oil until soft, about 15 minutes. Remove pan from heat. Cool chiles in oil to room temperature. Transfer to a clean, dry glass jar with tight-fitting lid; refrigerate overnight.
3. Let chile oil stand at room temperature, 30 minutes. Place cheese in a glass 9x5-inch loaf pan.
4. Strain chile oil through a sieve over cheese. Discard any seeds. Using scissors, cut the chiles into thin strips. Add strips to oil. Cover and marinate cheese in the refrigerator 1 day.
5. Sprinkle cilantro leaves on bottom of serving plate. Transfer cheese to top of cilantro and pour oil and ancho strips over cheese. Serve with toasted baguette. Makes 8 to 12 servings.

*AVAILABLE AT CHILE TODAY HOT TAMALE, 800-468-7477

Per serving with toasted baguette rounds: 400 calories, 32 g total fat, 9 g saturated fat, 24 mg cholesterol, 362 mg sodium, 20 g carbohydrates, 10 g protein, 109 mg calcium, 2 g fiber

SOUTHWEST FIESTA

GRILLED TURKEY BREAST WITH PEPPERS AND CHILE MAYONNAISE

Discover how great a whole turkey breast is to grill. The turkey is rubbed with a pasilla chile paste (which also flavors the mayonnaise), then grilled over indirect heat for an incredible smoky flavor. Tip: Buy a boneless, not skinless, turkey breast. The skin will help keep the turkey moist and juicy.

Prep time: 45 minutes plus standing and marinating
Grilling time: 60 to 75 minutes
Easy

Pasilla paste
*1 package (2 oz.) pasilla chiles**
3 tablespoons olive oil
½ cup chicken broth or water
¼ cup fresh cilantro leaves
1 tablespoon chopped garlic
1 tablespoon honey
1 teaspoon salt

1 whole boneless turkey breast (6 to 8 lbs.), halved
1 teaspoon salt

Roasted peppers
2 poblano or Anaheim chiles, halved
2 yellow bell peppers, halved
2 red bell peppers, halved
1 tablespoon olive oil
½ teaspoon salt

1 tablespoon olive oil
½ cup mayonnaise
2 tablespoons fresh lime juice
Warm flour or corn tortillas

1. *Make pasilla paste:* Combine chiles in bowl with hot tap water to cover by 2 to 3 inches. Let stand until softened, 15 to 20 minutes. Discard water. Remove seeds and stems. Puree chiles, oil and remaining ingredients in a blender or food processor.
2. Arrange turkey halves in a baking dish. Sprinkle with salt. Remove ½ cup of pasilla paste to small bowl and cover. Spread remaining paste over turkey halves. Cover and refrigerate turkey and paste overnight.
3. *Make roasted peppers:* Heat broiler. Line a broiler pan with foil. Place poblanos and peppers cut side down on prepared pan. Broil until skins are evenly charred, 8 to 15 minutes. Wrap in foil; cool 20 minutes. Peel and discard skins. Finely chop peppers. Transfer to medium bowl. Stir in oil and salt. *(Can be made ahead. Cover and refrigerate overnight.)*
4. Remove turkey and peppers from refrigerator 30 minutes before grilling. Prepare grill for indirect grilling (see "How to Smoke on the Grill," left).
5. Meanwhile, remove 1 tablespoon of the reserved ½ cup pasilla paste to small bowl; stir in oil. Set aside. Combine remaining pasilla paste, mayonnaise and lime juice in bowl. Cover and refrigerate.
6. Arrange turkey breasts skin side up in center of grill directly over drip pan. Cover and grill over *(continued)*

how to smoke on the grill

Anyone who's ever used a grill has no doubt cooked up hamburgers and steaks directly over hot coals. But to grill larger pieces of meat like turkey breast, use a technique called indirect grilling, where the food is cooked slowly, as in an oven. The result? A lush, smoky flavor you

6. Cover and grill turkey breasts (page

to OFF and that the fuel scale reads more than E. Turn on the gas. Light the grill according to manufacturer's instructions. Close the lid and heat burners on High, until thermometer registers 500°F. to 550°F., 10 to 15 minutes. To grill, adjust burner controls. Position a large disposable foil pan in center and be sure that the heat source is turned off directly under the pan. Place a small rack inside the pan; arrange food on top of rack. For a triple-burner grill, turn center burner off. Reduce heat to medium or medium-low on remaining burners. Proceed as recipe directs.
For charcoal: Remove barbecue lid and open all vents. Build two equal piles of briquettes (30 to 60 total, depending on the size of your grill) opposite each other on charcoal grate near the grate's edge. Ignite and burn briquettes 25 to 30 minutes, until coals are covered with a light coating of gray ash (if one side seems hotter than the other, use long-handled tongs to rearrange coals). Place a large disposable foil pan in center of bottom grate. Replace top grate; place food over the drip pan. Proceed as recipe directs.



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McCormick

medium fire (300 F. to 325 F.) 30 minutes; brush turkey [illegible] half the pasilla oil. Cover and grill 30 minutes. Brush with remaining pasilla oil. Cover and grill 10 to 15 minutes more, until instant-read thermometer inserted in center of breast reaches 165 F. Transfer turkey to cutting board. Let stand 10 minutes. Serve turkey with pasilla mayonnaise, roasted peppers and tortillas. Makes 8 to 10 servings.

*AVAILABLE AT [illegible] TODAY. HOT TAMALE [illegible]

Per serving: 710 calories, 38 g total fat, 8 g saturated fat, 206 mg cholesterol, 946 mg sodium, 10 g carbohydrates, 79 g protein, 76 mg calcium, 2 g fiber

CORN AND ZUCCHINI SALAD

Searing the corn and zucchini in a skillet over high heat gives the vegetables great roasted taste.

Prep time: 20 minutes
Cooking time: 23 to 29 minutes
Easy

½ pound fully cooked chorizo sausage, chopped
1 tablespoon olive oil
6 ears corn, kernels removed (4 cups)
1 tablespoon garlic, chopped
1 teaspoon chipotle chile in adobo, finely chopped*
2 medium zucchini, cut in half crosswise
1 tablespoon fresh lime juice
½ teaspoon salt

1. Heat a large nonstick skillet over medium-high heat, 2 minutes. Add chorizo and cook until edges begin to brown. Remove with slotted spoon to large serving bowl. Add oil and half the corn. Cook, stirring often, until corn begins to brown on edges, 5 to 7 minutes. Transfer to bowl with chorizo. Repeat with remaining corn, garlic and chipotle.
2. In same skillet, cook zucchini until it begins to brown, 8 to 10 minutes. Transfer to cutting board; cool, then dice. Stir into corn mixture with lime juice and salt. Makes 6 cups.

* [illegible]

Per ½ cup serving: 105 calories, 5 g total fat, [illegible] cholesterol, 226 mg [illegible] 4 g protein, 8 mg [illegible]

with [illegible] (contin[illegible]

[illegible] summer! THREE COLORFUL, REFRESHING BLENDER DRINKS THAT ARE EASY TO WHIP UP FOR THE WHOLE CROWD



TROPICAL FRUIT BLEND

Total prep time: 15 minutes plus freezing

2 ripe mangoes, peeled and cubed
4 cups fresh or frozen strawberries, cut up
2 bananas, peeled and cut up
1½ cups pineapple juice, divided
2 cups ice cubes

1. Puree half the mango, strawberries, banana and ½ cup pineapple juice in blender. Pour mixture into a container with a tight-fitting lid. Repeat with remaining fruit and ½ cup juice. Cover and freeze puree until firm, 5 hours.
2. Let puree stand at room temperature 10 to 15 minutes, until slightly softened.
3. Chop 1 cup of ice in blender. Add 1 container of fruit puree and ¼ cup pineapple juice. Blend on medium-high until smooth. Pour into serving glasses. Repeat. Makes 8 cups.

Per cup: 105 calories, .5 g total fat, 0 g saturated fat, 0 mg cholesterol, 3 mg sodium, 27 g carbohydrates, 1 g protein, 23 mg calcium, 3 g fiber

PINK MARGARITAS

Total prep time: 20 minutes plus freezing

Sugar syrup
1 cup sugar
½ cup water
4 cactus pears, peeled and quartered, or 1 cup frozen cranberry concentrate, thawed
1 cup fresh lime juice (6 to 8 limes)
2 cups ice cubes, divided
1½ cups chilled tequila, divided
4 tablespoons Cointreau, divided

1. *Make sugar syrup:* Bring sugar and water to boil in saucepan; reduce heat and simmer until sugar is dissolved, about 5 minutes. Refrigerate until cold.
2. Puree cactus pears in blender. Strain mixture through a sieve into a bowl; discard seeds (or pour cranberry concentrate into bowl). Stir in lime juice and sugar syrup. Divide mixture between two containers with tight-fitting lids. Cover and freeze overnight.
3. Let puree stand at room temperature 10 to 15 minutes, until slightly softened.
4. Chop 1 cup of ice in blender until well crushed. Add 1 container of cactus pear puree, ¾ cup tequila and 2 tablespoons Cointreau. Blend until smooth. Pour into serving glasses. Repeat. Makes 8 cups.

Per cup: 260 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 3 mg sodium, 35 g carbohydrates, 1 g protein, 32 mg calcium, 2 g fiber

PIÑA COLADA

Total prep time: 15 minutes plus freezing

2 cans (15 oz. each) cream of coconut
2 cans (20 oz. each) pineapple chunks in own juice, adding enough juice to equal 4 cups
3½ cups cold pineapple juice, divided
6 tablespoons fresh lemon juice
1½ cups light rum, chilled

1. Puree cream of coconut, pineapple, 2 cups pineapple juice and lemon juice in blender until smooth, scraping sides if necessary. Divide mixture between two airtight containers with tight-fitting lids. Freeze mixture 5 hours.
2. Let puree stand at room temperature 10 to 15 minutes, until slightly softened.
3. Puree 1 container of frozen pineapple mixture, ¾ cup pineapple juice and ¾ cup chilled rum in blender. Pour into serving glasses. Repeat. Makes 10 cups.

Per cup: 370 calories, 20 g total fat, 17.5 g saturated fat, 0 mg cholesterol, 57 mg sodium, 29 g carbohydrates, 4 g protein, 16 mg calcium, 1 g fiber

Recipes by Jane Yagoda Goodman

ALL MIXTURES CAN BE FROZEN UP TO 3 DAYS.



If the fastest way to a man's heart is through his stomach, this is the expressway.

triscuit
Baked Whole Wheat Wafers

Not for nibblers

SUMMER GATHER[illegible]

Prep time: 15 minutes
Grilling time: 15 to 18 minutes
Easy

2 large red onions (1 lb.)
1 tablespoon olive oil
Pinch cumin

Dressing
2 tablespoons sherry vinegar
¼ teaspoon cumin
¼ teaspoon salt
¼ cup olive oil

2 large bunches watercress, ends trimmed

1. Heat grill.
2. Cut each onion into 1-inch-thick wedges, being sure to include part of the stem end in each wedge.
3. Grill onions over medium coals 5 minutes per side. Press tops lightly with metal spatula to fan onions slightly; grill until outer wedges are charred and inner wedges are softened, 5 to 8 minutes. Cool 5 minutes. Remove tough outer layers. Coarsely chop onions and transfer to bowl; toss with oil and cumin.
4. *Make dressing:* Whisk vinegar, ¼ teaspoon cumin and salt in large bowl. Slowly whisk in oil until blended.
5. Toss watercress with dressing; arrange on large serving platter. Spoon onions on top. Makes 8 servings.

Per serving: 115 calories, 8.5 g total fat, 1 g saturated fat, 0 mg cholesterol, 104 mg sodium, 9 g carbohydrates, 3 g protein, 93 mg calcium, 3 g fiber

BEST OF THE BEEF

BARBECUED BEEF TENDERLOIN

Indulgent But Worth It

Our down-home succulent beef tenderloin is a cinch to grill and is served with lip-smacking bourbon barbecue sauce.

Prep time: [illegible] ending

2 tablespoons butter (or substitutions)
2 large shallots, minced
½ cup bourbon
½ cup ketchup
½ cup distilled white vinegar
¼ cup pure maple syrup
¼ cup unsulphured molasses
1 tablespoon Worcestershire sauce
1 teaspoon salt
1 teaspoon freshly ground pepper

Dry rub
2 tablespoons paprika
1 tablespoon sugar
1½ teaspoons chili powder
1 teaspoon salt
½ teaspoon freshly ground pepper

4 pounds center-cut beef tenderloin

1. *Make bourbon sauce:* Melt butter in 2-quart saucepan over medium-high heat; add shallots and cook 4 minutes, until they begin to brown. Add remaining ingredients; bring to a boil, then reduce heat and simmer 20 minutes. *(Can be made ahead. Cover; refrigerate up to 2 days.)*
2. Heat grill.
3. *Make dry rub:* Combine all ingredients in cup. Coat beef with rub.
4. Remove ⅔ cup bourbon sauce for basting. Cover and grill beef 30 minutes, turning two or three times. Baste with sauce. Cover and grill 30 to 35 minutes more, turning occasionally, until an instant-read meat thermometer registers 135°F. Transfer to cutting board and let stand 10 to 15 minutes. (Internal temperature will increase to 140°F. to 145°F. for medium-rare.)
5. Reheat remaining bourbon sauce in saucepan. Slice beef and arrange on platter. Transfer sauce to serving bowl and serve with beef. Makes 8 servings.

Per serving: 575 calories, 40 g total fat, 17 g saturated fat, 120 mg cholesterol, 764 mg sodium, 27 g carbohydrates, 28 g protein, 58 mg calcium, 0 g fiber

TOSSED GREENS WITH BLUE-CHEESE DRESSING

For this menu, you'll need something cool and creamy to tame the heat. This buttermilk blue-cheese dressing does the trick.

Total prep time: 15 minutes plus chilling
Easy

Dressing
¼ cup mayonnaise
¼ cup sour cream
1½ tablespoons cider vinegar
1½ tablespoons fresh lemon juice
¼ teaspoon red pepper sauce
¼ teaspoon minced garlic
¾ teaspoon salt
¼ teaspoon freshly ground pepper
1½ cups buttermilk
1 cup (6 oz.) crumbled Roquefort or blue cheese

1 large head chicory, torn
1 large head romaine lettuce, torn
¾ cup thinly sliced Vidalia or Spanish onion

1. Whisk together mayonnaise, sour cream, vinegar, lemon juice, red pepper sauce, garlic, salt and pepper in bowl. Whisk in buttermilk; stir in cheese. *(Can be made ahead. Cover and refrigerate up to 6 hours.)*
2. Toss greens and onion in large bowl; add dressing and toss to coat. Serve immediately. Makes 8 to 10 servings.

Per serving: 170 calories, 12.5 g total fat, 5.5 g saturated fat, 25 mg cholesterol, 639 mg sodium, 7 g carbohydrates, 8 g protein, 238 mg calcium, 2 g fiber

BLACK-EYED PEA SALAD

Greens and black-eyed peas are often served hot, but our simple salad is a delicious twist. And thanks to the frozen black-eyed peas, it takes only minutes to prepare.

Prep time: 15 minutes
Cooking time: 5 to 6 minutes
Easy

5 tablespoons olive oil, divided
1 teaspoon finely chopped garlic
½ teaspoon cumin seeds
1 bunch (about 1 lb.) mustard greens, or Swiss chard, trimmed and chopped
3 tablespoons red-wine vinegar
1 teaspoon salt
¼ teaspoon freshly ground pepper
1 medium red bell pepper, diced
1 medium yellow bell pepper, diced

(continued)

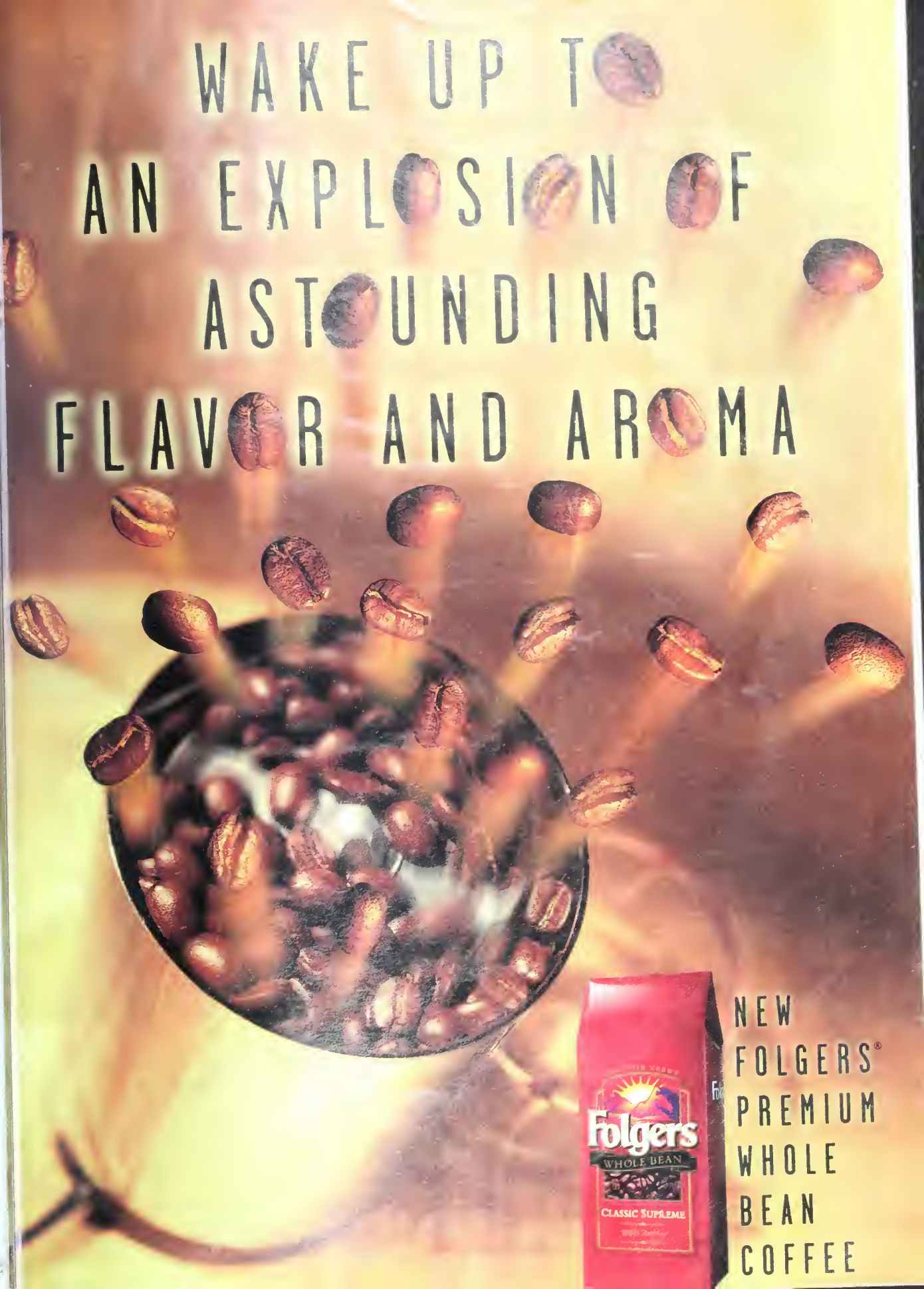
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EAS[illegible] SUMMER G[illegible]

(continued)

2 packages (10 oz. each) fr[illegible] black-eyed peas, cooked according to package directions and drained

1. Heat 1 tablespoon oil in large nonstick skillet over medium heat. Add garlic and cumin; cook 30 seconds. Add greens; cook 1 minute, stirring, until wilted. Reduce heat and cook 3 to 4 minutes more (5 minutes for Swiss chard), until tender.
2. Combine remaining 4 tablespoons oil, vinegar, salt, pepper and bell peppers in bowl. Add black-eyed peas and mustard greens; toss. *(Can be made ahead. Cover and refrigerate up to 4 hours.)* Makes 6 servings.

Per serving: 255 calories, 12 g total fat, 1.5 g saturated fat, 0 mg cholesterol, 413 mg sodium, 29 g carbohydrates, 11 g protein, 104 mg calcium, 6 g fiber

PECAN-NECTARINE LAYER CAKE

We use cake flour, not all-purpose, so the layers have the lightest texture.

Prep time: 45 minutes plus chilling
Baking time: 20 to 25 minutes
Moderate

Cake
- *1 cup pecan halves, toasted*
- *2 cups cake flour (not self-rising)*
- *1½ teaspoons baking soda*
- *½ teaspoon nutmeg*
- *½ teaspoon cinnamon*
- *½ teaspoon salt*
- *1 cup buttermilk, at room temperature*
- *¼ cup bourbon*
- *¾ cup butter (no substitutions), softened*
- *1 cup firmly packed brown sugar*
- *1 cup granulated sugar*
- *3 large eggs at room temperature, separated*

10 medium nectarines
2 tablespoons granulated sugar

Whipped cream
- *1½ cups heavy or whipping cream*
- *¼ cup confectioners' sugar*
- *2 tablespoons bourbon*

Mint leaves, for garnish

1. *Make cake:* Heat oven to 350°F. Lightly grease bottoms of three 9-inch round cake pans. Line with waxed paper. Grease and flour paper and sides of pans. Process nuts in food processor or blender until [illegible]

[illegible] Heat
[illegible] 4 minutes.
[illegible] beating
[illegible] Reduce
[illegible] Add flour
[illegible] alternating with buttermilk
[illegible] ending with
[illegible]

[illegible] In mixer bowl, beat [illegible] medium-high speed just [illegible] Gently fold into batter [illegible] spatula. Divide batter [illegible] spread evenly into prepared pans. Bake 20 to 25 minutes, until tops are golden and a toothpick inserted in center of layers comes out clean. Cool layers in pans on wire racks, 15 minutes. Unmold, remove waxed paper and cool completely. Refrigerate 1 hour until firm.
4. Meanwhile, peel, pit and cut nectarines into ¼-inch-thick slices. Transfer to medium bowl and toss with sugar.
5. *Make whipped cream:* Beat cream in mixer bowl until thickened. Gradually add confectioners' sugar and bourbon and continue to beat just to stiff peaks.
6. *To assemble:* Remove 10 nectarine slices for garnish; set aside. Place one cake layer on serving plate; cover with half the remaining nectarines in a single layer. Spread top with one third of the whipped cream, covering evenly to edge. Top with second cake layer, half of remaining whipped cream and remaining nectarines. Top with third cake layer, then remaining whipped cream. Garnish top with reserved nectarines. *(Can be made ahead. Refrigerate up to 3 hours.)* Garnish with mint leaves, if desired. Makes 12 servings.

Per serving: 585 calories, 33 g total fat, 15 g saturated fat, 126 mg cholesterol, 427 mg sodium, 69 g carbohydrates, 6 g protein, 82 mg calcium, 3 g fiber

CHOCOLATE-COCONUT BARS

Our bar cookies with chocolate and coconut topping will remind you of a favorite coconut-almond candy bar.

Prep time: 15 minutes
Baking time: 45 to 50 minutes
Easy, Microwave used

Chocolate layer
- *4 ounces unsweetened chocolate squares*
- *½ cup butter or margarine*
- *¾ cup granulated sugar*
- *[illegible] cup firmly packed brown sugar*
- *[illegible] eggs*
- *[illegible]oon vanilla extract*
- *[illegible]rpose flour*

[illegible]nal almonds, toasted



Coconut topping
- *½ cup granulated sugar*
- *1 large egg*
- *1 tablespoon flour*
- *½ teaspoon baking powder*
- *½ teaspoon vanilla*
- *1 bag (7 oz.) shredded coconut*

1. Heat oven to 325°F. Line a 13x9-inch baking pan with foil. Grease foil; dust with flour.
2. *Make chocolate layer:* Combine chocolate and butter in large microwaveproof bowl. Microwave on High 1½ minutes, until almost melted; stir until smooth. Beat in sugars, eggs and vanilla with wooden spoon until smooth. Beat in flour and salt. Spread evenly in prepared pan. Sprinkle top with almonds.
3. *Make topping:* Whisk together granulated sugar, egg, flour, baking powder and vanilla in bowl 30 seconds. Stir in coconut. Pour topping evenly over chocolate layer. Bake 45 to 50 minutes, until golden and just set in middle. Cool in pan on wire rack.
4. *To cut bars:* Lift cookies out of pan with foil. Peel off foil. Cut lengthwise into 1½-inch-wide strips, then cut crosswise at 1¾-inch intervals to form rectangles. *(Can be made ahead. Cover and freeze up to 1 week. Thaw at room temperature.)* Makes 42 bars.

Per bar: 130 calories, 8 g total fat, 4.5 g saturated fat, 23 mg cholesterol, 57 mg sodium, 15 g carbohydrates, 2 g protein, 19 mg calcium, 1 g fiber

KAHLÚA POT DE CRÈME

Test Kitchen Favorite

French for "pot of cream," this dessert consists of creamy-rich vanilla custard baked and served in tiny pot-shaped cups. Our version is flavored with Kahlúa, a coffee-flavored liqueur.

Prep time: 10 minutes plus standing and chilling
Baking time: 25 to 27 minutes
Moderate, Low-calorie

(continued)

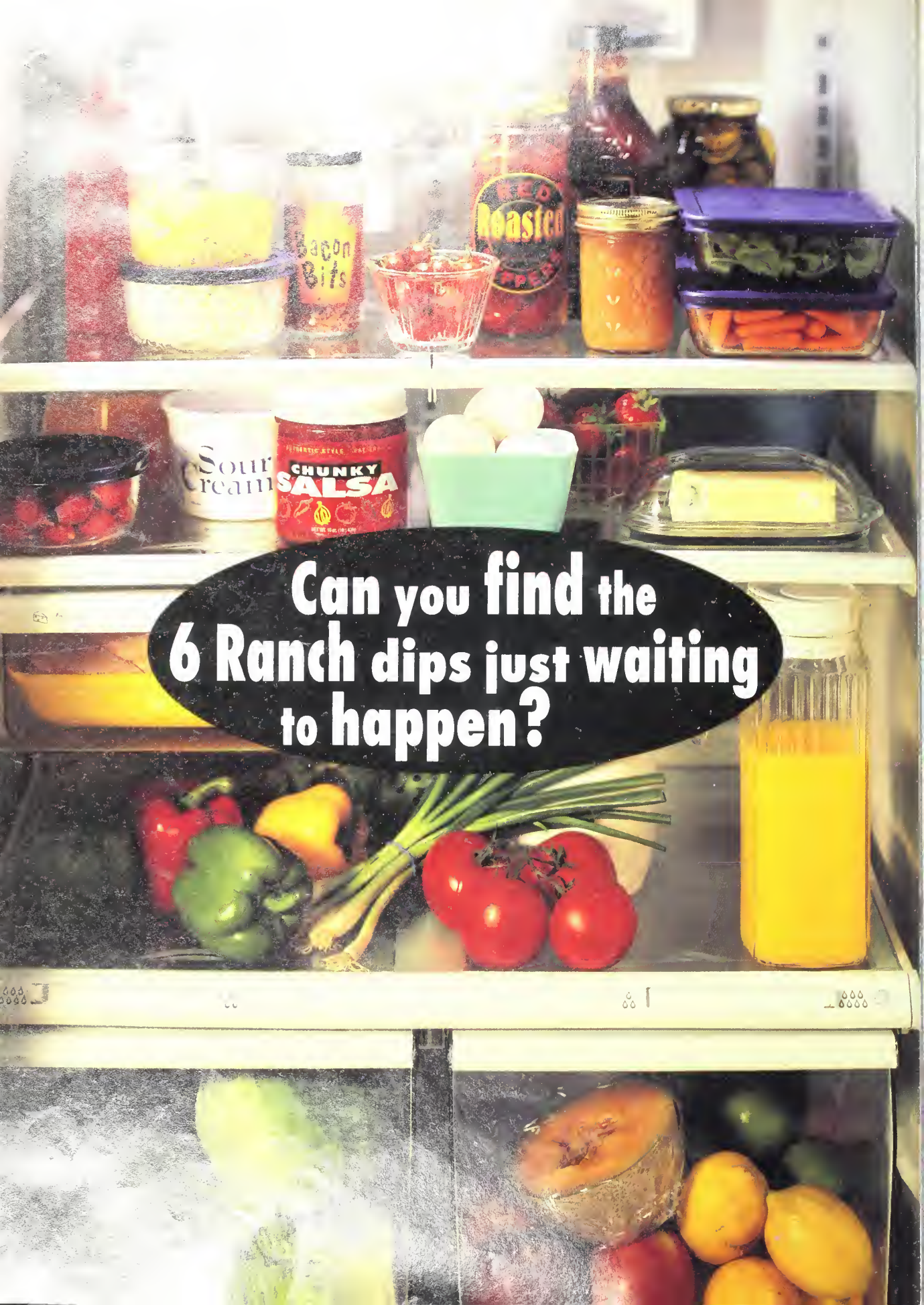


IMPORTANT DATES IN FRENCH ONION HISTORY.



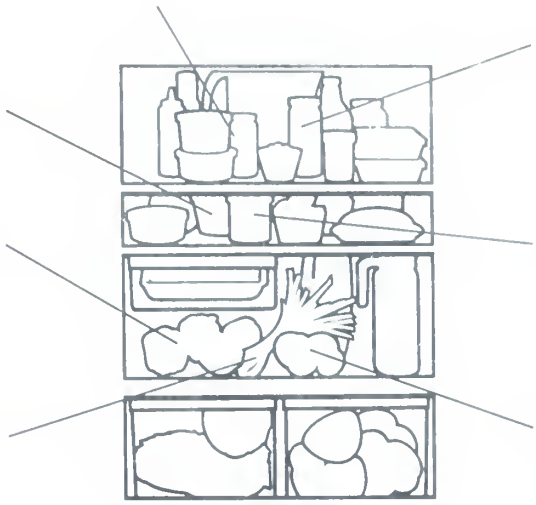
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3
Salsa Ranch Dip

4
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5
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6
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Continued

1⅔ cups milk
½ cinnamon stick
4 large egg yolks
⅓ cup sugar
¼ cup Kahlúa (coffee-flavored liqueur)
Grated bittersweet chocolate, optional
Fresh berries, for garnish

1. Heat oven to 325°F.
2. Bring milk and cinnamon to boil over medium heat in saucepan. Remove from heat. Cover and let stand 20 minutes. Strain mixture through a sieve into a 4-cup glass measure. Discard cinnamon.
3. Arrange eight espresso or 4-ounce ovenproof cups in a roasting pan.
4. Beat yolks and sugar in mixer bowl on medium speed, until mixture is pale yellow and thick, 3 to 5 minutes. Add Kahlúa; beat until well combined. Gradually stir in milk with rubber spatula, until mixture is completely smooth.
5. Strain milk mixture through a sieve into glass measure. Discard foam. Divide mixture into each cup (spoon off any remaining foam). Add enough hot water to roasting pan to reach halfway up the sides of cups. Loosely cover pan with foil. Bake until the



edge of the custards are set, 25 to 27 minutes (the centers will be jiggly). Remove cups from the water and cool on wire rack to room temperature, 15 to 20 minutes. Cover and refrigerate overnight. *(Can be made ahead. Refrigerate up to 2 days.)* Sprinkle tops with grated chocolate and serve with berries, if desired. Makes 8 servings.

Per serving: 100 calories, 4 g total fat, 2 g saturated fat, 113 mg cholesterol, 29 mg sodium, 13 g carbohydrates, 3 g protein, 73 mg calcium, 0 g fiber ●

Recipes by Jane Yagoda Goodman and Cynthia DePersio

the perfect...



Lemonade

Is there any cooler way to quench a hot summer thirst?

There are lots of methods to make lemonade in an instant, but nothing refreshes quite like the taste of fresh-squeezed, in all its tart yet sweet lemony glory. For perfect lemonade, we started with more lemons and left in the pulp for an intense flavor. Then, we made a quick sugar syrup—sugar and water heated until the sugar dissolves completely. After everything was mixed together, for the final touch, we froze mint leaves into ice cubes for a pretty look and a hint of minty taste. Tip: For maximum juice, microwave lemons for about a minute.

LEMONADE

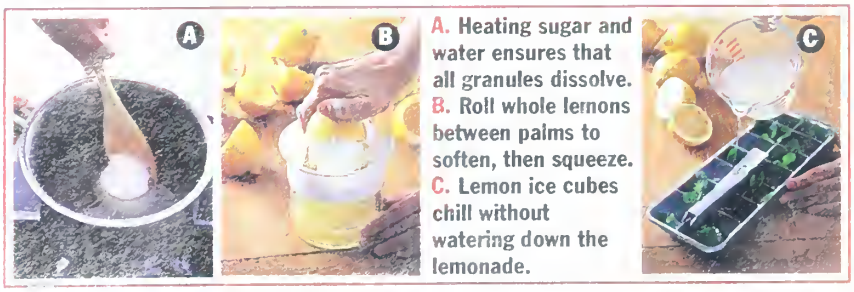
Prep time: 20 minutes plus chilling and freezing
Cooking time: 5 minutes
Easy, Microwave used

Sugar syrup
1 cup water
1 cup sugar
1 (8 medium lemons (1 cup juice)
Sugared mint leaves (see tip)
1 lemon, washed and thinly sliced
14 small fresh mint sprigs

1. *Sugar syrup:* Bring water and sugar to boil in saucepan, stirring occasionally, until sugar dissolves (photo A). Pour into bowl. Cool.
2. Microwave 5 or 6 lemons at a time on High 1 to 1½ minutes, just until warm to the touch. Cut lemons in half and squeeze juice (photo B). Discard seeds and transfer juice and pulp to a large pitcher. Repeat with remaining lemons. Stir in cooled syrup and water.
3. Measure 1½ cups lemonade mixture in a 2-cup glass measure. (Stir sliced lemon into remaining lemonade mixture; cover and set aside.) Arrange one sprig of mint per cube in an ice-cube tray; pour in the 1½ cups lemonade mixture (photo C). Freeze the lemonade ice-cube tray 4 hours, until firm. Cover and refrigerate lemonade.
4. Pour lemonade into tall glasses over ice cubes. Makes about 2 quarts.

Per serving: 170 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 2 mg sodium, 47 g carbohydrates, 1 g protein, 17 mg calcium, 0 g fiber ●

Recipe by Sarah Reynolds



A. Heating sugar and water ensures that all granules dissolve. B. Roll whole lemons between palms to soften, then squeeze. C. Lemon ice cubes chill without watering down the lemonade.



Serve Risi e Bisi (above) as a hearty side dish or light supper. Three Pea Sauté (below) has a touch of orange

Pod Squad

Green peas, snow peas and sugar snaps are their freshest right now



[illegible] a seasonal summer treat. [illegible] you [illegible] at a farm stand [illegible] produce aisle, look for [illegible] that snap crisply [illegible] blemish-free. Like [illegible], peas are best eaten [illegible] after picking since their [illegible] sugar quickly turns [illegible] starch. Here are two recipes to help you enjoy [illegible] fresh taste of summer.

RISI E BISI

Why say rice and peas when you can say it like the Italians—*Risi e Bisi*? This classic Venetian dish, similar to a risotto, is a fabulously delicious summertime meal. (Oh, by the way, it's pronounced "reesy-eh-beesy.")

Prep time: 25 minutes
Cooking time: 28 minutes
Easy

2 tablespoons olive oil
2 ounces sliced pancetta (Italian bacon), chopped
½ cup finely chopped onion
½ cup finely chopped celery
1½ cups arborio rice
2 cans (14½ oz. each) chicken broth
2 cups water
¼ teaspoon ground pepper
2 cups fresh or frozen peas
½ cup finely shredded Parmesan cheese
2 tablespoons chopped fresh flat-leaf parsley
1 tablespoon butter

1. Heat oil in 6-quart Dutch oven over medium heat. Add pancetta, onion and celery. Cook, stirring, 5 minutes. Add rice and cook, stirring, 3 minutes.
2. Add broth, water and pepper; bring to a boil. Reduce heat and simmer 10 minutes, stirring occasionally. Stir in peas. Simmer, 10 minutes more, stirring frequently, until peas and rice are tender.
3. Remove pan from heat. Stir in Parmesan, parsley and butter. Cover and let stand 1 minute. Serve with additional Parmesan, if desired. Makes 6 servings.

Per serving: 360 calories, 16 g total fat, 5.5 g saturated fat, 18 mg cholesterol, 829 mg sodium, 42 g carbohydrates, 11 g protein, 133 mg calcium, 5 g fiber

THREE-PEA SAUTÉ

Fastest Recipe of the Month

Fresh peas, sugar snaps and snow peas get a burst of flavor from orange peel. If you chop up everything ahead, the dish will be ready in less than 10 minutes. (If you're using frozen peas, start at step 2, below.)

Prep time: 15 minutes
Cooking time: 7 to 8 minutes
Easy

⅓ cup water
2 cups fresh or frozen peas
1 tablespoon olive oil
1 cup (4 oz.) fresh sugar snap peas
1 cup (4 oz.) fresh snow peas
1 medium carrot, chopped
½ teaspoon grated orange peel
¼ teaspoon salt
⅛ teaspoon ground pepper

1. Boil water in a 12-inch nonstick skillet. Add fresh peas and cook over medium-high heat 2 to 3 minutes.
2. Add oil, frozen peas (if using), sugar snaps, snow peas, carrot, orange peel, salt and pepper.
3. Cook, stirring, until tender-crisp, 3 minutes (5 minutes if using frozen peas). Makes 6 servings.

Per serving: 155 calories, 3 g total fat, 0 g saturated fat, 0 mg cholesterol, 107 mg sodium, 25 g carbohydrates, 9 g protein, 56 mg calcium, 7 g fiber ●

Recipes by Sarah Reynolds

PEAS, PLEASE

GREEN PEAS Shiny green pods filled with plump peas. Shell before using. One pound peas equals 1 cup shelled.
SUGAR SNAPS Great raw or cooked—eat whole, after breaking off stem end and pulling string away.
SNOW PEAS Tiny peas in flat pods; crunchy texture and sweet taste. Often used in stir-fry dishes.



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Open-faced Apricot Pie is juicy fruit in a flaky pastry crust

Sweetie Pie

Renowned baking expert, author and teacher Rose Levy Beranbaum strikes gold with a to-die-for fresh Apricot Pie

As the author of cooks' "bibles" of cakes, pies and pastries, Rose Levy Beranbaum knows her desserts, and apricot pie is one of her seasonal favorites. Fresh apricots, prized for their sweet and slightly tangy flavor, are at their peak now through August. Look for plump, fairly firm fruit with a delicate aroma and golden orange color. But if the fruit isn't perfectly ripe that's okay, according to Beranbaum. "Baking [illegible] crisp." (For "blind-baking" how-tos, see page 150.)

OPEN-FACED APRICOT PIE

Prep time: 25 minutes plus chilling and freezing
Baking time: 75 to 90 minutes
Moderate

Flaky piecrust
8 tablespoons cold unsalted butter, divided
1 1/3 cups all-purpose flour (measure according to instructions in step 2)
1/2 teaspoon salt
1 teaspoon baking powder
2 1/2 tablespoons ice
[illegible] vinegar
[illegible]hire
[illegible] apricots,
[illegible]d
[illegible]spberries
[illegible] preserves,

[illegible] piecrust: Cut [illegible] tablespoons butter into [illegible] cubes. Refrigerate [illegible] minutes. Cut remaining [illegible] tablespoons butter into 1/4-inch cubes. Freeze 30 minutes.

2. To measure the flour, stir in its package to aerate, then gently dip a dry measuring cup into the flour, without packing the flour into the cup. Level off any excess with a spatula. Place the flour, salt and baking powder in a large plastic storage bag; seal and freeze 30 minutes.

3. Process the chilled dry ingredients in a food processor to combine. Add the refrigerated butter cubes and pulse 20 to 30 seconds, until the mixture resembles coarse meal (photo A). Add frozen butter cubes and pulse ten times, until the frozen butter is the size of small peas (photo B).

4. Add 2½ tablespoons ice water and vinegar and pulse six times. If mixture does not hold together, add half the remaining 1 tablespoon water and pulse; repeat one more time, if necessary. The mixture should be in particles and should not hold together without being pinched. Gather dough into a ball (photo C). Wrap, flatten into a disk and refrigerate 2 hours or overnight.

5. On a floured pastry cloth or between 2 sheets of lightly floured plastic wrap, roll dough into a 14-inch circle (photo D). Fit into a 9-inch pie pan; trim edge, leaving a ½-inch border; turn under and flute. Cover and refrigerate 1 hour or overnight. *(continued)*



(A) Combine chilled butter and flour; process until crumbly. (B) Add frozen butter then process until butter is the size of peas



A



B



C

(C) With floured hands, gently gather dough into a ball until it holds together. (D) Cover a rolling pin with a cloth stockinette; on floured pastry cloth roll dough into a 14-inch circle

D



Smart Shopper

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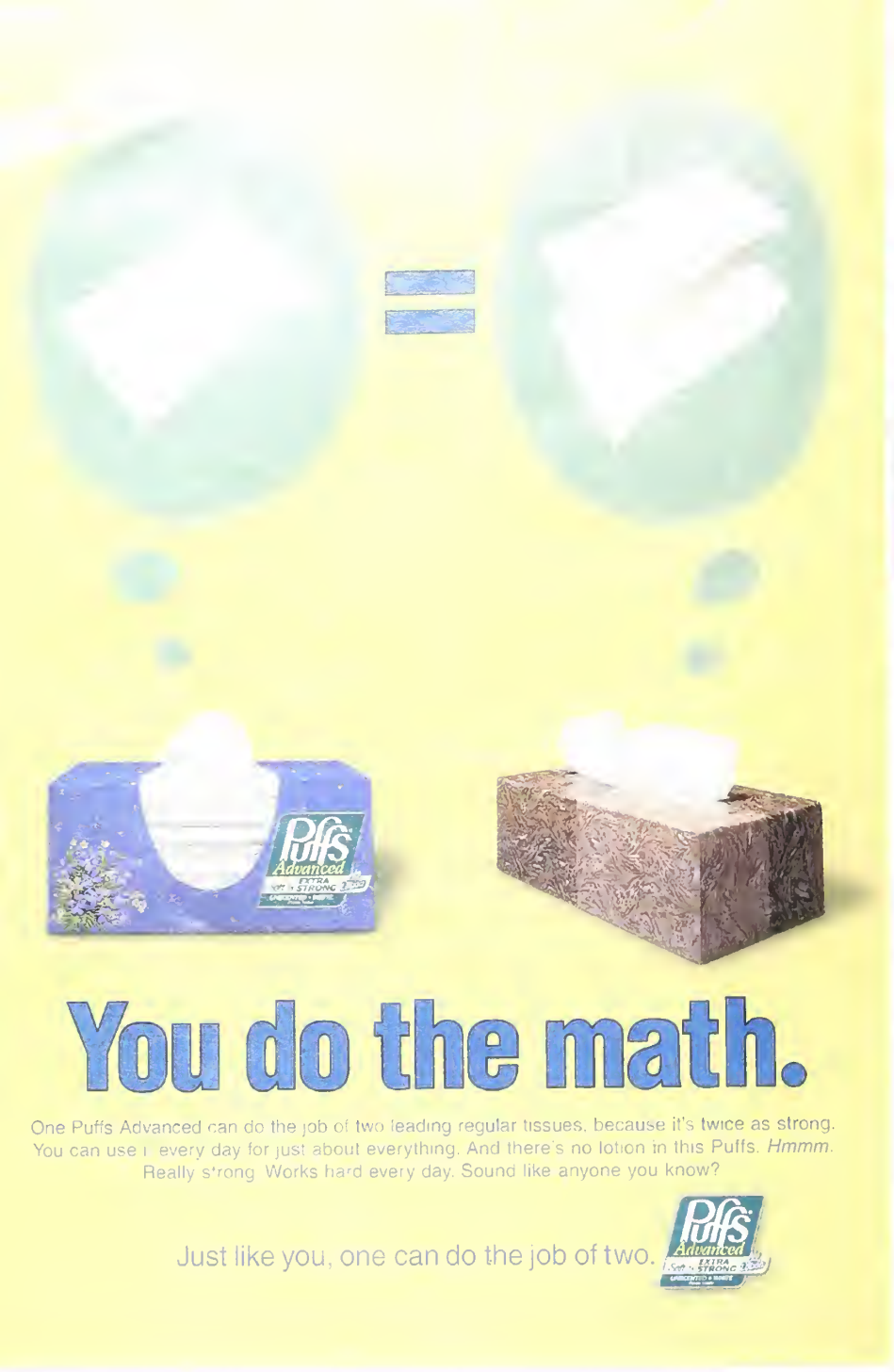
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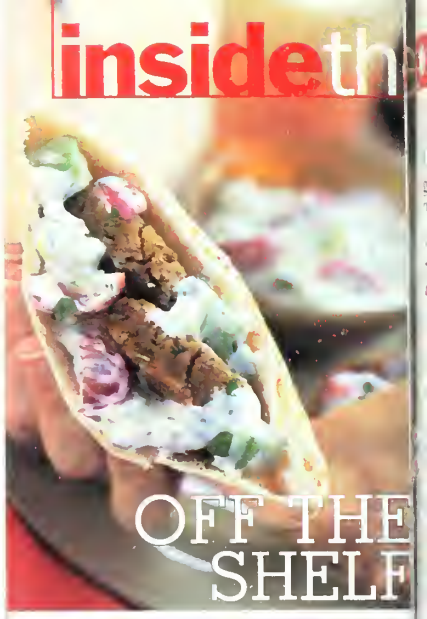
6. Arrange oven rack at lowest position; place cookie sheet on rack. Heat oven to 425°F. Line pastry with parchment or foil. Fill with rice or dried beans and bake 20 minutes. Carefully remove parchment and beans; prick bottom and bake 5 to minutes pastry

cornstarch in a bowl. Add apricots and toss to coat. Let stand 15 minutes.

8. Decoratively arrange apricots cut-side up in crust. Cover edge of crust loosely with foil and bake 50 to 60 minutes, until filling is bubbly and apricots are tender. (If apricots begin to darken, cover loosely with another sheet of foil.) Cool pie on wire rack.

9. Arrange raspberries over apricots. Strain preserves through a sieve and brush over fruit. Makes 6 servings.

Per serving without cream: 405 calories, fat, 9.5 g saturated fat, 41 mg ng sodium, 62 g carbohydrates, mg calcium, 3 g fiber ●



OFF THE SHELF

You don't have to travel farther than the supermarket to get a great taste of the Middle East. Falafel, a vegetarian fritter made of garbanzo beans (chickpeas), is now available as a quick and healthy dinner that can be made from a mix. We added mint for extra flavor, then wrapped the falafel in pita bread with a cool cucumber-yogurt sauce, making a dinner as close to authentic as you'll find this side of the Mediterranean.

FALAFEL WITH YOGURT SAUCE

Prep time: 15 minutes
Cooking time: 4 minutes per batch
Easy

1 box (6 oz.) Near East Falafel mix
3 tablespoons chopped fresh mint, divided
1 container (16 oz.) plain low-fat yogurt
1 medium cucumber, peeled, seeded and cut into ½-inch pieces
½ cup cherry tomatoes, quartered
2 green onions, chopped
⅛ teaspoon salt
½ cup vegetable oil
6 warm pita breads

1. Prepare falafel according to package directions, *except* stir 2 tablespoons mint into mixture and let mixture stand until firm, about 8 minutes.
2. Meanwhile, heat oven to 300°F. Combine yogurt, cucumber, tomatoes, green onions, remaining 1 tablespoon mint and salt in medium bowl. Set aside.
3. Heat oil in a large skillet over medium heat. Shape falafel mixture into twelve 2x½-inch-thick patties.

Cook half of the patties until golden brown, 2 minutes per side. Transfer to a cookie sheet; keep warm in oven while cooking remaining falafel. Repeat.

4. Cut 1 inch from the top of each pita bread. For each serving, place 2 falafels in pita and spoon ¼ cup yogurt mixture on top. Serve with remaining yogurt. Makes 6 servings.

Per serving: 470 calories, 21 g total fat, 3.5 g saturated fat, 5 mg cholesterol, 894 mg sodium, 56 g carbohydrates, 18 g protein, 246 mg calcium, 6 g fiber.

Recipe by Jane Yagoda Goodman

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NUTRITIONAL GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan nutritious meals.

Daily Goal

Calories	2,000 (F); 2,500 (M)	Cholesterol	300 mg or less
Total fat	60 g or less (F) 70 g or less (M)	Sodium	2,400 mg or less
		Carbohydrates	250 g or more
		Protein	55 g to 90 g
Saturated fat	20 g or less (F) 23 g or less (M)	Calcium	1,000 mg
		Fiber	20 g to 35 g

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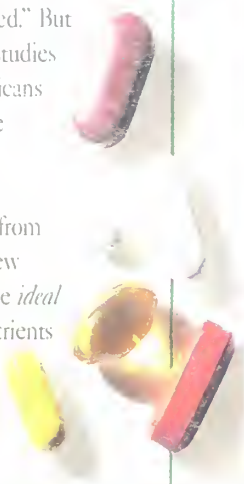
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"I was wrong about vitamins."

Art Ulene, M.D.



"Just eat right," I used to say. "You'll get all the vitamins you need." But recent scientific studies prove most Americans don't get even the *minimum* recommended amounts of some vitamins from their diet. And new research shows the *ideal* levels of some nutrients may be much higher than you can obtain from foods alone.



That's why I now recommend vitamin supplements for all adults. To take the guesswork out, I have designed Vitamin Formulas that go far beyond other multivitamins to bridge the nutritional gap in the average American's diet.

My advice: Eat as well as you can and use vitamins to complement your diet. See what a difference really good nutrition can make.



Keith, a former Episcopalian who converted to Catholicism "because we wanted to have a common religion," she says, and because they liked the Church's emphasis on family. Claire is now talking about becoming a nun; Ian would like to be a priest, which may prove to be a problem because he also wants to marry "and have lots of kids, just like Mom and Dad."

One afternoon a week, five of the sextuplets (Quinn prefers to stay with Grandma) attend dance class in a nearby church. Afterward, the family piles into their eight-seat van and heads for dinner at Dairy Queen. Says Becki, "Our last van sat eleven, but we've decided this is it for us—we won't be having any more children." Keith simply rolls his eyes and laughs, but his wife insists that it took a while for her to come to the decision. "I start thinking I could go through another pregnancy," she says. "But I know Keith's right. We'd have to do the whole infertility thing again, and I don't know if it would be fair to [the] new baby."

Watching her children dig in to their meals, Becki adds, "We've been incredibly lucky. Our children are all healthy. But our story is not the norm. In the last three sets of sextuplets born in the U.S., [the parents] have each lost one baby. There are high-risk pregnancies. It's not something we sought out, but they're our family, and we love them."

Naturally, the Dilleys plan to gather around the TV to watch *Half Dozen Babies* on May 17 with family and friends, though Becki admits it will probably seem surreal to see their lives re-created by other people. Still, she's looking forward to the last scene, in which the parents celebrate the sextuplets' first birthday by taking them to the hospital where they were born. "It was a happy ending for the movie," says Becki, "and a happy memory for us." ●

Kathryn Casey is a contributing editor to Ladies' Home Journal.

THE IDENTITY SNATCHERS

Continued from page 88

they looked into the matter.

By now, Ann had placed a "security alert" on their credit report, so that credit grantors would verbally verify the information provided by anyone who applied for a credit card or loan under her or Joel's name. (See "Restoring Your Name and Credit," page 87.) She also canceled the fraudulent credit card from Colonial National Bank.

By December 1995, Ann's crusade had become an obsession. She still didn't know how the impostor had obtained their personal data, but she had decided to warn co-workers about identity theft. When her boss heard her story, he put her in touch with his former neighbor, a retired FBI agent, who referred her to a Secret Service agent in Baltimore. (The Secret Service, which is a part of the U.S. Department of the Treasury, was established in 1865 to combat counterfeiting. It added Presidential protection to its duties in 1901.)

Ann felt relieved to finally file a crime report with the proper authorities. She then took more steps to protect her family's financial health. First, she had a password assigned to their home phone account; no changes could be made nor billing inquiries answered unless the caller gave the password. Second, she asked the three major credit bureaus to remove the Pulliams from their lists for promotional items, such as preapproved credit cards, and reduced other junk mail by taking their names off the Direct Marketing Association's lists (see "Protecting Your Privacy," page 88). Third, Ann and Joel renewed their driver's licenses, replacing their Social Security numbers with a random ID number.

Throughout the winter and spring of 1996, Ann periodically called Pulliam Engineering. Every time, she was told that Ann and Joel Pulliam weren't available. "It took a lot for me not to say, 'I'm the real Ann Pulliam,'" she

plains. "But I assumed the Secret ervice investigation was under way, d I didn't want to jeopardize it."

Million-Dollar Fraud Ring

reality, the Secret Service investi- tion was already over. The agent at Ann contacted had briefly oked into the matter, but then put aside after finding a vacant apart- ent at the Baltimore address on the audulent credit-card applications. ith no other leads, there wasn't ything to investigate.

Then, in July 1996, the Secret ervice received a tip from a bank out an unusual number of credit rds being issued to a mailbox at a cant house in Baltimore. At that oint, agents set up surveillance out- de the house—not knowing that e suspect would turn out to be the ony Joel Pulliam. They organized sting to arrest the suspect on the ay the fraudulent credit cards were be delivered to the mailbox.

But as two agents, a postal inspec- r and a Baltimore detective ap- roached him on July 24, 1996, he ied to run them over. Akinola bayanju, the then-thirty-five-year- ld leader of a Nigerian crime ring, as arrested and charged with assault n federal agents. (He was later con- icted and sentenced to seven years in rison.) Inside Obayanju's car, agents ound twenty credit reports in other eople's names and keys to multiple ost-office boxes around the city. Also his possession was an electronic or- anizer that contained the names and nancial data of dozens of people— ncluding Ann and Joel Pulliam.

Here's how the scheme operated: Jnder the name "Joel Pulliam," Obayanju opened several personal and orporate checking accounts at differ- nt Baltimore banks, according to ourt records. Then he obtained ounterfeit checks in the name of two egitimate businesses—a law firm in Atlanta and a marketing company in Norwalk, Connecticut—and deposited he checks into the fraudulent account or Pulliam Engineering. From there, Obayanju withdrew the money, writ- ng checks to himself as Joel Pulliam and others involved in the scam.

Obayanju scammed more than $1 million in credit cards and counterfeit checks, making his operation one of the largest fraud cases the Secret Service in Baltimore has cracked in recent years. He pleaded guilty to money laundering, bank fraud and conspiracy; another three years was added to his sentence. An illegal alien, Obayanju will be deported when he gets out of jail.

Assistant U.S. Attorney Andrew White, who prosecuted the case, says that Obayanju obtained his victims' personal data by stealing mail and procuring personnel lists from the mortgage companies and medical billing services where his friends worked as janitors and clerks. Ann thinks that Obayanju may have obtained a copy of the Pulliams' 1993 mortgage application, as it is the only document that lists both of their names, birth dates and Social Security numbers. Still, it's impossible to know for sure.

Unfortunately, Ann and Joel's ordeal continues to haunt them. In January, ten days before they were to close on a new house, Obayanju's unpaid 1994 phone bill for $88.55 appeared on their credit report and jeopardized their mortgage. A flurry of faxes and calls ensued; in the end, Ann convinced Bell Atlantic that the Pulliams weren't responsible. "It wasn't the money, it was the principle," she says. "I could have paid the bill, but I didn't want to mix the real Ann Pulliam with the phony Ann Pulliam."

After the near-miss with the mortgage, Ann thought she'd successfully cleaned up their credit reports. But a week after the closing, she found the Baltimore address and phone number on two credit reports. "For the rest of our lives, we must monitor our credit reports and clean up errors," she says. "This nightmare will never be over." ●

Cynthia Hanson frequently writes news and human-interest stories for Ladies' Home Journal.

Dr. Art Ulene on Joint Health.



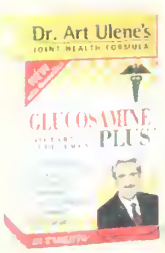
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THE PRINCESS BRIDE

Continued from page 135

Though she resembles Diana, Sophi is eager to emphasize the differences be tween them. For one thing, she is fou teen years older than Diana was whe she got married. She also has a muc more stable family background—h parents have been married for years. I siders are betting against Charles-an Di-style bust-ups.

In contrast to Diana's upper-class u bringing, Sophie comes from a middl class family with aspirations. Her fath was a tire salesman who double-barrel the family name so he was no longer j plain Mr. Jones. Her mother used to ta in typing so that Sophie could go to a b ter school. The Princess-to-be herself quite down-to-earth—she once worked a barmaid in the local pub.

However, it appears that the woman ana reportedly once called "Little M Goody Two Shoes" may have some sk tons in her closet. Topless photos of phie, taken when she was younger, h been rumored. And one ungallant boyfriend boasted of a night of pass with her in a potting shed.

As for Edward, he has always bee bit of a Royal Family rebel. Much to father's dismay, he quit the Royal Mar after less than a year. He went into dra and was once a production assistan composer Andrew Lloyd Webber. He works for a film-production comp where he is director of production. years there were rumors that the Pr was gay, but friends say he played up image in order to camouflage girlfri in pre-Sophie days.

It remains to be seen whether Ed will make a good husband. In 198 said, "I need a woman who will wa me hand and foot, and cook and for me all my life." This may have his princely idea of a joke, but "ro tic" gifts to his bride-to-be have inc a suitcase. He's made up for it, th with a $170,000 triple-diamond en ment ring.

Children may be in the couple's future. Sophie was reportedly sp visiting midwife and pregnancy e Zita West at London's exclusive Clinic. Famous for its alternative pies, the clinic was once patroni Diana. Weeks earlier, Sophie and E had laughed off questions about s a family. "Let's go through th stage," Edward told the press. "On at a time."

HE PRINCE OF THE WORLD

ontinued from page 135

elp his son cope not only with the ss of Diana but with the pressures public life. Harry, who clearly lores his brother, keeps William ughing by ribbing him about his opularity with the girls.

Unexpectedly, Prince Philip has eveloped a particular sympathy for s grandson. Notorious for his poor elations with his own sons, the ickly patriarch was himself the roduct of a disastrously broken oyal marriage.

Today, grandfather and grandon—accompanied by William's lack Labrador, Widgeon—spend any happy hours hunting (or shooting" as they call it). Politically ncorrect as the pastime is, it has ecome the young Prince's great assion, and photographs of shootig expeditions decorate his private edroom at Eton College, where he tends school. In fact, William was ist ten years old when he shot his rst rabbit, and at fourteen, he shot is first stag. In a vain attempt to acify the animal-rights lobby, Roy-l spokespeople quickly explained hat the stag was an old and infirm reature who was due to be culled n any case.

More recently, some friends of Dina were shocked when William hose a weekly afternoon of weapons raining and military exercises at Eton instead of community work vith the disabled and the elderly. But others saw a healthy refusal to e pigeonholed, and felt confident hat the son whom Diana once took o the bedsides of dying AIDS paients remained true to what his nother had taught him.

They remember, too, that William aught his mother a thing or two over he years, and that he was always her biggest supporter. For instance, it vas he who suggested when he was ust fourteen that his mother should aise money for charity by auctioning ff her dresses. (The auction, in 997, brought in more than $3 milion.) During her divorce from Charles, William convinced her that she could give up her HRH title her designation of a Royal Highness if necessary. "I don't mind what you're called," he told her. "You're Mummy."

This story, related by Diana herself, displayed a healthy disregard for rank on the part of a young Prince, and an ability to see through Royal pretensions with a sharpness that lends more weight to the anxiety that is only whispered in Buckingham Palace that the precocious and strong-willed William could turn his back on it all.

A year from now, when he celebrates his eighteenth birthday, the speculation and the pressures on the Prince will grow even more intense. Until then, he seems likely to enjoy his last year at Eton, where he is an excellent student and is well liked by his classmates. After that, comes the British custom of the gap year, in which a student takes off twelve months to go backpacking, volunteering or working in some context that gives him a taste of the wider world. The Prince may well choose to sample life in the armed services, to spend some time in the City (London's version of Wall Street), or to work in one of Britain's museums to learn more about one of his favorite subjects, art history. In fact, this spring he got a taste of employment by spending three days working at Christie's, the London auction house, where he did such routine tasks as filing and photocopying. The job—for which he was not paid—was part of a program at Eton to give students firsthand knowledge of the working world.

After his gap year, William seems destined for one of England's old universities—probably Cambridge, which his father attended. Then, with graduation, the decisions will start. Will he someday inherit the British throne—or will he turn his back on it? What kind of King would he be?

Diana, for one, believed that her son would be a great King. "All my hopes are on William," she said shortly before she died. "It's too late for the rest of the family. But William, I think he has it." ●

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Mud Pies and Make-Believe



Summer should be a time for doing nothing at all

By Katrina Kenison

It is the Monday of the first week of summer vacation, and my two sons and their friends have just finished eating bagels and drinking lemonade in our neighbor's garage. Now they're in our backyard, clambering over the swing set like a band of agile monkeys. Shoes and socks have been shed—the better to take full advantage of the soupy mud below—and a game involving an orange traffic cone, two swings and a tree branch is taking shape.

This morning, we chalked murals in the driveway, pumped up the bike tires and took a walk to the creek. But now I've retreated with a book to a chair on the porch, and the children are on their own. We have no plans—not for today, tomorrow or the rest of the week.

I spoke with other mothers a few days before school ended and discovered that we were all facing vacation with the same mixture of eagerness and dread. Realizing that the world as we'd known it since September was about to end, we were busy rearranging work schedules, lining up child care and finalizing camp plans. Now, as I watch the children lose themselves in their own world of endless summer, I'm glad I took these days off from work, and that I resisted the temptation to commit our time.

So much of the structure that we impose on our children's lives is really intended to make our own lives easier. There are lessons, day camps and play dates; videos and computers fill the hours in between. As every working mother knows, it's easier to sign up for soccer than to carve out a week to let your kids follow their own inclinations. But children need time that is utterly their own—to dream through an afternoon, to play with the kids next door, to wake up to a day they'll craft themselves.

Perhaps we adults have lost the fine art of lollygagging, but most of us mastered it as children. We knew what it was to be bored, and to find something on our own to do; we knew what solitude felt like, and found resources we didn't know we had. These were valuable lessons—and I fear that our own busy, well-entertained offspring may never have the chance to learn them.

Yes, it is difficult in our day and age for parents simply to set children free for the summer. But surely we can manage to give them a day or a week here and there, during which we simply let them be. If we plan all of their days, how will they learn how to navigate through the idle shallows of their own lives, much less how to seek out and savor those calm waters?

As this gray, sultry June afternoon wears on, the children find a baby grasshopper and share him from arm to arm. They negotiate turns on the swings and imagine themselves as shipwreck survivors and astronauts flying through space. The disputes that flare up are wholly their own; they don't need me, and I stay out of it. A child's sense of time bears no relation to our own, and these kids are in no hurry to get anywhere. They are on vacation.

And suddenly, as I glance up from my book to watch a cardinal swoop across the lawn, I realize that I am, too. ●

Katrina Kenison is the editor of the annual "The Best American Short Stories" (Houghton Mifflin).

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